End of Project Evaluation Report

Strengthening Capacity in Coordination, Planning and Management of HIV/AIDS in Viet Nam

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I. Summary of Findings and Recommendations

The UNDP project, VIE/93/009, Strengthening Capacity in Coordination, Planning and Management of HIV/AIDS in Viet Nam, was reviewed at the end of the project in 1998. Over 95 individuals were consulted through this review in visits to Nha Trang, Ho Chi Minh City and Hanoi. The review has concluded that this project has made significant progress associated with improving the overall capacity and response to HIV/AIDS in Viet Nam. The outcomes supported by the project should be commended. The review also highlights several important lessons learned through the difficulties faced in managing a large multisectoral effort, it identifies the needs and priorities in responding to the epidemic in the future and recommends a role for UNDP in relation to the Government and in the context of UNAIDS in Viet Nam.

At the time of project formulation in 1994, the assistance at the National level to improve a coordinated and expanded response to HIV/AIDS was timely. Project formulation coincided with the establishment of the National AIDS Committee (NAC) outside of the Ministry of Health and the allocation of full time staff to the National AIDS Bureau (NAB). Given the nature of the quickly moving epidemic and the context of assistance, the project designers formulated assistance in: a) coordination and mobilization of funding; b) policy formulation; c) capacity building across all sectors; and d) the improvement of capability and use of operational research. These are all extremely appropriate objectives given the needs of a multisectoral response to HIV/AIDS, however, the goals were very ambitious for a two year project with limited staff, funding and resources. Each of the objectives remain relevant today, though the context for future assistance must be carefully understood.

The NAB was appropriately chosen as the National Executing Agency for the project. However, the original design of the objectives of the project did not sufficiently focus on the context of implementation, the overriding need for central management within the NAC/NAB and the specific needs within the NAB in capacity development. Through hindsight, a phased approach that initially focused on strengthening the NAB management systems could have improved operational issues and implementation across the project. Several operational issues caused major delays in implementation within the first year including the minimal experience of the NAB in utilizing external funding, a lack of stability of project staff and the need to establish UNAIDS in Viet Nam. In the second year, stable personnel, a greater clarification of the role of UNAIDS, and the strengthened national leadership, all contributed to accelerated implementation. The joint nature of UNDP/UNAIDS project design allowed for a synergy of effort that neither could have accomplished separately. However, due to the operational and project design challenges a large breath of activity was accomplished. In the future, designs should take into account institutional frameworks of both the Government of Viet Nam and the UN system to allow a greater depth of activity to be achieved.

Over the two years, capacity development within the NAC/NAB occurred through many efforts associated with each of the objectives resulting in increased leadership within the
NAC/NAB and increased capacity in coordination, planning, analysis and management. The strongest indicator of national capacity in HIV/AIDS are the current independent efforts in redesigning the National HIV/AIDS Strategic Plan 1998-2000.

Coordination and Resource Mobilization:
Overall, the project was able to strengthen a practical mechanism of coordination within the country through the establishment and maintenance of the HAG meetings and several written sources of information exchange. The HAG meetings have allowed the larger 'civil society', including the non-governmental sector and people living with HIV/AIDS, to have a voice in informing the implementation of policies and programmes. The spirit of the HAG meetings represent major steps forward in strengthening the capacity in responding to HIV/AIDS. The future needs for strengthening coordination are across sectors within the Government through their inclusion in HAG meetings and the replication of HAG meetings to other provinces. Additionally, greater efforts are needed to improve resource allocation to provincial, district and commune levels.

In the future, the goal of coordination should address the targeting of resources and efforts to decentralize implementation to geographical areas and communities where the epidemic is most severe. Coordination must strive beyond information exchange to accomplishing specific goals to fulfil unmet needs within the epidemic. Three examples are the need for coordinated efforts to distribute and promote condoms in rural border areas affected by the epidemic. Secondly, the need for a coordinated and concerted effort to train the private sector physician, pharmacist and drug vendors in STD management. And thirdly, the need for the coordinated development of clear guidelines for the counselling and care of people living with HIV/AIDS. These each could be targeted outcomes of better coordination.

Policy Formulation
In the area of policy formulation the project has positively facilitated improved leadership, and understanding of HIV/AIDS policy and best practice in relation to primary prevention with drug users and improving the attitudes towards the care for people living with HIV/AIDS. A limited number of primary prevention interventions with drug users is occurring in parallel, but through separate strategies to reducing “social evils”. This is an important accomplishment. Another accomplishment is a greater policy emphasis that has been placed on tailoring behavior change interventions with the different populations of those at risk of infection. Finally, the involvement of NGOs is growing in the national response and there is increasing support at a national policy level for the development of indigenous NGOs. These all contribute to a stronger more effective HIV/AIDS program.

The constraints faced by policy formulation are that decisions about how to implement national policies occur at a local provincial and district level. This results in inconsistent implementation across the country. Consistent implementation of policies is dependant upon local decisions and the availability of resources. For example, there is still a need to provide stronger and clearer national guidelines to better support appropriate primary prevention of HIV with drug users without enforced incarceration. Different levels of
access of prevention services occurs in different provinces due to both local policy decisions and resources. Clarification of national policies through clear and consistent national guidelines is needed. It is necessary in the future to focus policy dialogue at a local provincial and district levels where implementation must be supported by local authorities. The greater involvement of police and military in supporting local prevention programs would strengthen local outcomes.

**Capacity Development of all Sectors**

In expanding the response to HIV/AIDS across many sectors, the UNDP project design specifically did not favor capacity development within any one sector or Ministry, but tried to equitably support all sectors and provinces across the country. The cumulative results of the trainings have been the development of leadership for some key NAC/NAB members in independent management of HIV/AIDS programs, the raising of awareness and initial involvement of a multisectoral effort, and the improvement of the quality in key areas including the need to tailor IEC messages with different audiences.

However, many constraints were identified within the training program. Major delays in implementation reduced the overall quality, impact and sustainability of results of the training program. A management system to address advanced planning, needs analysis, quality assurance and the establishment of qualified trainers and follow up is needed. In the future, training should be decentralized to a limited number of capable institutions to ensure the development of the depth of skills required to train others (TOT), while the NAB reduces their involvement in the implementation of training. At a provincial level, participatory training with a focus on practical skills development is needed. Additionally, provincial training should be supported with an ensured budget for program implementation and evaluation to allow follow up, feedback and retraining. In conclusion, a management system for training is needed. This system should support the NAB in a leadership role, a limited number of capable institutions should be supported to provide technical skills, and the local selection of trainees needs to be linked to support for local implementation. This system would improve the overall capacity to plan and manage HIV/AIDS programs at district and commune levels.

**Research**

Although research capacity development suffered from delays in execution, in the second year with additional Government funds 30 social and medical research projects were undertaken. The results were shared at the first conference on scientific research in HIV/AIDS in Viet Nam which implies continued Government commitment. A limited number of research reports have already begun to inform policy and planning. The research was however constrained by the lack of capacity development especially in social and behavioral research. Therefore, limitations in design and capacity affected the analysis and use of findings. With the existing high quality research studies even further analysis of policy and programmatic implication is required. Finally, the utilization of the existing systems for information dissemination (netnam etc) of the research findings would improve the accessibility and use of the research in programs. In the future, anticipated planning and a management system for funding technical support and on open peer
reviewed process could strengthen the opportunity for capacity development in research relating to HIV/AIDS.

Lessons Learned:
Several lessons were learned through the execution of this project. The management of a large multisectoral response to HIV/AIDS requires a clear definition of the role and function of the National AIDS Bureau. Their role in providing leadership through clear and consistent policies is critical for effective implementation of national policies at local levels. Secondly, their role in facilitating international and national resource allocation to local levels where the epidemic is the most severe or has the greatest potential to be severe is also critical to developing a successful national response. Thirdly, the NAB’s role in decentralization includes facilitating local policy support for the effective implementation of responses that recognises and overcomes the context of difficult social, cultural and political challenges associated with HIV. And finally, the implementation of the national response is a local responsibility. Therefore, the NAB needs to ensure the local development of management and technical capacity, but should contract the training to a limited number of institutions, while the NAB focuses on their critical roles in leadership.

In conclusion, the UNDP VIE/93 project provided extremely valuable opportunities to develop a multisectoral response to HIV/AIDS in VietNam. In the future, a more focussed approach of assistance for UNDP in the context of UNAIDS is necessary to have a greater depth of impact on the expanding epidemic. In the context of current efforts and identified national needs, the review team provide the following recommendations for consideration by the Government of Viet Nam and UNDP.

Recommendations:
1. Based upon the findings of the review of the UNDP HIV/AIDS project, UNDP should continue assistance in the field of HIV/AIDS in Viet Nam.

2. The NAB should continue to be the main counterpart for the formulation of a new project design. Focus in the new project formulation should be given to improving the management capacity within the NAB to undertake their role in policy development and leadership.

3. The new project formulation should consider a design that would appropriately support the management capacity and local implementation of national policies with selected PACs.

4. New project formulation should consider the counterparts to include a limited number of partners with a greater focus in implementing national policies at a local level including the involvement of Mass Organisations and the non-governmental sector.

5. A formulation mission should be quickly expedited including at least the involvement of key members of the NAB, UNDP and UNAIDS.
II. Project Design

A. The project environment

Several aspects of the project environment have changed since the design and inception of the UNDP HIV/AIDS project. These relate to the epidemic, the institutional framework and the UN system.

The Epidemic

The first report of a person infected with HIV in Vietnam was in Ho Chi Minh City in December of 1990. The first persons reported to have AIDS were identified in Ho Chi Minh City (HCMC), and in Khanh Hoa and Binh Dinh provinces in 1993 (Chung A. et al., 1997).

The UNDP HIV/AIDS project was formulated in mid-1994 and began implementation in January of 1996. At the time of formulation of the project, HIV/AIDS was relatively new to Vietnam. The recognised number of people infected with HIV reported to the Government was 2,200. These people lived in 34 cities and provinces with the greatest concentration in the southern and central regions of the country. The primary mode of transmission of HIV at this time was through sharing unsafe needles in intravenous drug use.

At the time of this review, 7,818 persons with HIV infection have been detected and reported through various systems to the National AIDS Committee. Infections are now found in 57 of the 61 cities and provinces across Vietnam. The majority of people becoming infected are 29 years of age or younger and the majority of people living with HIV/AIDS continue to be found in the southern and central regions of the country. However, different geographically associated patterns of infection have emerged in the last two years. In some of the northern borders areas, a dramatic increase of HIV infection in IDUs has occurred. Secondly, over the past two years Cambodia has become one of the most severely affected country in South East Asia through primarily a heterosexually transmitted epidemic. Now on the south-western border with Cambodia, a substantial increase in the detection of HIV infection transmitted through heterosexual contact has been detected in Vietnam. Heterosexual transmission is a growing concern in HCMC and surrounding southern and central provinces and has the potential to affect the country as a whole in the future (Chung A. et al., 1997).

The findings that the epidemic has moved across the country with hot spots in the north due to intravenous drug use and an expanding heterosexual epidemic in the southern and central regions have added to the complexity of the challenges facing the development and management of effective responses in Vietnam. In the future, strategies to utilise limited funds will need to be specifically tailored to the diverse characteristics of the HIV epidemic within Vietnam.
The Institutional Framework

The UNDP HIV/AIDS project formulation in 1994 was timely. The Government of Vietnam had approved a proposal to strengthen the mandate and organisation of the National AIDS Committee (NAC) moving the NAC from the Ministry of Health and placing the Vice-Prime Minister as acting chairman of the Committee at the end of 1994. The National AIDS Bureau (NAB) was just being created. It had previously been called the Secretariat to the National AIDS Committee and located with the Director of Hygiene and Prophylaxis, Professor Le Dien Hong, as one of his many responsibilities. In late 1994, the role of the NAB was clarified by regulation as the Bureau that carries out daily management of the NAC's program and acts as the central coordinating body providing oversight to all HIV/AIDS activities nationwide. Through this regulation the NAB was provided a full time director. In 1994, there were eight staff within the NAB all with other responsibilities within the Ministry. Therefore, at the beginning of the project, the NAB was brand new and the project was the first of its magnitude to assist in the development of capacity and a coordinated and expanded response to HIV/AIDS in Vietnam under this structure.

The Viet Nam national budget for HIV/AIDS had steadily increased in the early 1990s. In 1994 the national budget was approximately equivalent to 4 million USD. From 1994 to 1997 the government allocated budget increased to 5.5 million USD. Approximately 60% of the budget is allocated to the Ministry of Health and 38% to other Ministries and Organisations.

The NAB now has two years of experience in developing an expanded response to HIV/AIDS. There are currently 25 staff including four divisions relating to IEC, Planning and Finance, External Relations and Administration (Annex V). The NAB has additionally been under the direction of new leadership within the past year, Professor Chung A, who is a social scientist. According to the Government Decree 1122, signed in late 1997, the NAC has been given ministerial status. This elevates the NAC’s status to one of nine national programs in Viet Nam. It strengthens the ability of the NAC/NAB to carry out their role and function across many sectors within the Government of Viet Nam and gives them financial independence. A higher institutional status and increased experience of the NAC/NAB will effect the future capacity for programming in this area.

The International Donor Community and the UN System

UNDP was one of the first international donors in Viet Nam to initiate an expanded response to HIV/AIDS. Now in 1997, there are several new donor agencies including bilateral programs that are contributing to the response. The number of donors has increased from 25 to 33 bilateral, multilateral or non-governmental organisations. The role of UNDP’s contribution in the future must take this into account.

The UNDP HIV/AIDS project in Viet Nam is one of the largest UNDP country level HIV projects in the world. UNDP has learned lessons through facilitating the implementation of this expanded response to HIV in Viet Nam. This experience gives UNDP a stronger institutional potential to enhance the implementation of HIV/AIDS programs in the future.
The UNDP project was originally formulated prior to the inception of the United Nations Joint Programme on AIDS (UNAIDS). The designers of the project and UNDP anticipated the need for 'joint UN action on HIV/AIDS' due to the fact that the member states of the UN were demanding and orchestrating an expanded and coordinated response across all UN agencies. The UNDP/Vietnam project was one of the first jointly implemented UN programs involving UNAIDS in the world. Through joint implementation of HIV/AIDS programming, important lessons have been learned that will inform future planning and management for all the co-sponsors of UNAIDS in the future.

B. The project document

1. **Statement of the Problems/Issues:** An analysis of the epidemic and the broad needs within Viet Nam were clearly identified in the original project document. The VIE/93/009 project document addressed the following four major 'problem' areas 'associated with management' of the HIV/AIDS programme in Viet Nam:
   - The need to manage effectively the use of external resources in the HIV/AIDS sector in Viet Nam.
   - The need for continued formulation of effective policy.
   - The need to improve the capacity at all levels to plan and manage HIV/AIDS prevention and care activities.
   - The need to improve capacity at all levels to carry out and utilise operational socio-behavioral research.

These issues led to the creation of four objectives to be accomplished through project implementation. The project design was extremely ambitious for a two year period in a country that was just learning how to respond to the HIV epidemic. Therefore, the implementors of the project suffered from the unrealistic expectations of the project designers.

The issue that the original project design did not sufficiently address was the need for direct support and capacity development for the NAB in establishing their role and function in coordinating and managing the national response to HIV. One of the assumptions in the project design was that the NAB would inherently improve their capacity through the implementation and facilitation of an expanded response to HIV/AIDS across the nation. Although this did occur, the analysis and project design could have been improved by initially focussing on support for a clarification and strengthening of the NAB directly. A clarification of their role, responsibility and how they would be able to accomplish it would have been helpful. Instead the design of the project required them to ensure a coordinated and expanded response through capacity development in several technical areas within many sectors across the whole nation. This flaw in the analysis and design underpins many of the difficulties faced through the execution of the project.

2. **Objectives and success criteria:** The original objectives of the project design were clearly stated and addressed several identified needs. However, a single objective
identifying support for improving the management capacity within the NAB would have been more appropriate given their mandate. This single objective could have laid the groundwork for improved outcomes across all of the other objectives within the project design.

Success criteria were identified within the project document. They were written as broad indications of project success. However, the project designers did not identify baseline measurements to evaluate project progress and there were no targets identified to measure project success. The result is a vulnerability of the project to subjective analysis. It is recognised that verifiable indicators are difficult to design in HIV/AIDS programming, however, a limited number of verifiable targets could have strengthened project management and the overall outcomes. The review team did their best to address an objective analysis based upon evidence collected during the review process.

The objectives within the project design document are still very relevant to developing an effective and expanded response to HIV/AIDS in Vietnam.

3. Outputs and activities: The outputs were clearly stated and a number of the outputs are still relevant today. The original activities identified in the document logically related to achieving the objectives. However, the context and relevancy of individual activities needed to be assessed on an ongoing basis throughout project implementation.

Overall, the identified outputs and associated activities identified within the project document were collectively unrealistic given the context, budget and time frame of the project. To their credit, the project team was able to accomplish many outputs associated with all of the objectives, but not in as much depth in all of the outputs as originally identified within the project document. The scope and depth of the identified outputs did not correspond to the amount of funding and human resources allocated to accomplish them.

4. Alternative Approaches: Activities and inputs were adjusted to accomplish the outputs as needed. This is exemplified by the use of the UNAIDS CPA as CTA, the hiring of the Project Officer on a full time basis instead of a part time CPEA coordinator and the use of financial saving in the training program.

The utilisation of the UNAIDS CPA as CTA of the project is assessed by the review team as an appropriate decision given the design, timing and context of the project. The overlap of the project objectives and UNAIDS objectives for the country warranted this decision. A separate CTA in addition to a CPA would have been a duplication of effort and undermined the intent to coordinate UN programming and planning in HIV/AIDS (see page 26).
An overall analysis of the realistic nature of the project design and the appropriateness of the number of project staff and execution modality was not assessed. The urgency of the epidemic, the delays in project approval, and the relatively short time frame of the project all contributed to not warranting substantive changes, however the quality of program implementation could have been improved through clarifying an objective targeted for management development and focussing the rest of the program with a limited number of sectors.

5. Inputs: An appropriate balance of Government and UNDP identified project inputs were identified, however an increase in number of personnel and technical capacity to address all of the identified outputs over the given time frame could have improved project implementation. There was an assumption made that the NAB would be immediately staffed with 25 full time personnel and that 2-3 persons from each ministry would be seconded to work on HIV/AIDS fulltime. This did not happen in the anticipated timeframe of the project design.

As discussed within the context of newly emerging epidemic, the human and financial resources allocated to the accomplishing the stated outputs across all levels of the country were limited. Additional, human, financial and technical resources were needed to accomplish all the outputs to the depth identified in the project document over the given time frame. One example of this is in the area of improving the capacity for operational research and the use of research findings in policy and programme implementation (see Project Results, pg. 21).

6. Sustainability: The resources and adjustments required by the Government to sustain project results were not thoroughly identified within the project document. However, progress towards sustainability has been made during this relatively short time period of the project and the Government must be commended for their efforts. The project document did identify specific expectations of the “end of project situation”. They are summarised as follows:

- A mechanism for technical coordination of is improved both within the donor community and within the Government.
- A reference/resource centre for HIV/AIDS information is established.
- A reference table of lexicon of agreed translation is developed.
- Annual conferences on HIV/AIDS policy and programmes are carried out.
- Strengthened capacity to develop effective policies with detailed practical guidelines for implementation.
- Strengthened capacity to plan and manage HIV/AIDS programmes with detailed practical guidelines.
- Strengthened capacity to plan, manage and implement education and behavior change activities with detailed practical guidelines for implementation.
- Strengthened capacity to conduct socio-behavioral and operational research.

The project has established the first four and made significant progress towards the last four expected end of project results.
III. Operational Problems in Project Implementation

There were several contributing factors to the major delays in project implementation during the first year of execution. As discussed, the National Execution Modality was appropriately the NAB. However, due to the new nature of the epidemic and the diverse needs in the development of a multisectoral response to HIV/AIDS, too many demands were placed on a limited number of inexperienced staff within the NAB. Their capacity constraints effected early program implementation. This was compounded by delays in hiring administrative assistance for the project.

Secondly, the relatively high turn over of project staff during the first year of execution contributed to operational delays. The Project Manager and Project Secretary were both replaced in mid 1996 and early 1997. This turn over contributed to the delay of project implementation as each new team member had to become accustomed to the requirements associated with implementing the project. Additionally, differential compensation associated with the mechanism of a National Execution Modality challenged the establishment and maintenance of a team approach across the project. The role of technical assistance in project implementation may not have been completely understood. The lack of clarity of the role of the national consultants and differential compensation left their contribution underdeveloped and hence underutilised as technical experts and often overutilised for administrative purposes.

Thirdly, the need to clarify for all project staff the expected and correct process to obtain and utilise UNDP funds through the National Execution Modality (NEX) could have been addressed more effectively. UNDP needed to provide stronger assistance on an ongoing basis to ensure that the need to develop capacity in this area was not hampering project implementation. The project as a whole needed to clarify the most appropriate system of financial management that satisfied all the requirements of the project.

Finally, delays in the initial starting date of the CTA and the Project Officer on a full time basis contributed to the ‘slow start’ of project implementation within the first year. Finally, the role of the UNAIDS CPA as CTA of the project was appropriate given the project design and timing of the beginning of UNAIDS in Viet Nam. However, establishment and clarification of the role of UNAIDS took time. Once the UNAIDS CPA established himself and the role of UNAIDS in Viet Nam, the outputs for the first, second and third objectives of the UNDP project were enhanced by the dual and complementary role of the CPA as CTA. However, the late and hurried nature of project implementation of training and research left the CTA’s role limited in improving the quality of management to these components. Overall, the review team agreed that the utilisation of the CPA as CTA for the project positively facilitated an ability for the project to accomplish outputs across a large breath of activities. However, the depth of accomplishment in any one area could not be supported by the role of the CPA as CTA. This was further complicated by the discussed demands of a complex UNDP project design (see Lessons Learned).
In the second year of the project, new leadership, stable personnel and greater understanding across the project team allowed substantial progress to be made.

IV. Project Results

4.1. Immediate Objective 1: To develop effective coordination and mobilization of external assistance to HIV/AIDS prevention and care in Viet Nam.

Indicators: 1. CPEA is used effectively; 2. Additional funds are mobilized; 3. The Gov't. effectively coordinates.

4.1.1 Achievements: Major progress towards the achievement of this objective was fulfilled through project implementation.

HIV/AIDS Action Group (HAG)
An ongoing mechanism and process has been established with leadership of the NAB for information exchange and technical coordination among most of the agencies active in HIV/AIDS in Viet Nam. The NAC meetings act as a twice yearly coordination mechanism across many sectors, in addition, the HAG forums act as a practical tool for information exchange and enhanced coordination. The HAG forums allow for transparency, open discussions and direct contact between implementors and policy makers, the government, the non-governmental organisations and the PLWHAs. The HAG forums are a critical component of effective coordination and are highly valued by participants. The role of the CTA/CPA in these meetings was identified as important. Viet Nam should be commended for improving the involvement specifically of the non-governmental sector and people living with HIV/AIDS. Several countries are trying to replicate a greater involvement of civil society in HIV/AIDS through adapting these forums within the region.

Coordinated Program for External Assistance (CPEA)
Originally, the CPEA was used to mobilize donors as a framework for external assistance. However, this framework has become obsolete. The Government is now in the process of re-writing their National Strategic Plan for HIV/AIDS. It is now more appropriate for all external assistance to be coordinated in reference to the achievement of the Government’s National Strategic Plan for HIV/AIDS.

Information Management: Netnam, the Express AIDS Bulletin, “AIDS and the Community” Journal, Resource Centers and the Lexicon of Translations
Netnam has provided an electronic forum for information exchange and disbursement across many provinces in Viet Nam. This has provided international and national information to over 30 agencies supported directly by the project, however, there are thousands of netnam subscribers receiving information. There is a high volume of information through Netnam compared to the Express AIDS Bulletin. Some of the information is translated and some is sent in English. Many users find the international
information useful, however, due to the volume of international information received, some is not directly relevant to Viet Nam. Netnam, as it has been utilized as a disbursement of information that is relevant to Viet Nam and a forum for electronic exchange, is relied upon by its users and found to be informative. Netnam has been primarily managed by project personnel.

The Express AIDS Bulletin is dispersed from the NAB to the provincial level, PACs. It is extremely useful due to its timely publication of information concerning all PACs and the ability of the editors to selectively supply critical information relevant to Viet Nam. A limited number of copies reach district levels.

The resource center in Ho Chi Minh City has been utilised as an effective means for improving practitioners capacity and facilitating coordination of information. In comparing the two resource centers, it is clear that integration into an existing agency with time, financial and human resources greatly enhances the outcome of this small investment. The Lexicon of Translations has finally been completed and is currently being printed. It was assessed as a potentially useful tool, however, it has not yet been disseminated.

In conclusion, there may be a need within the NAB to improve efforts in information management including considering the management of Netnam and developing a strategy to distribution information to remote district levels.

**External Assistance**

From the time of the project document was completed until the end of 1997, the number of external donors and agencies involved in HIV/AIDS has increased from 25 to 33 organisations. A database of external assistance has been established and utilized by the Government and by donors and NGOs through UNAIDS. The available funding for HIV/AIDS has diversified to include a larger number of external donors and a larger number of non-governmental organisations involved in HIV/AIDS in Viet Nam. Through Government leadership and facilitation by the project team this external assistance has increased (estimated at US $2.6m from 1996-1999).

In summary, improved coordination and mobilisation has resulted in a limited overlap of efforts and improved exchange of information and cooperation of efforts across a larger number of donors and agencies across Viet Nam. There is a very collaborative atmosphere and congenial working relationship among the many agencies involved in HIV/AIDS. The NAB and project team should be highly commended for their efforts to facilitate in this area.

**4.1.2 Constraints**

**Coordination**

There is still room for improvement in the area of coordination. Coordination across all the Governmental efforts in HIV/AIDS needs improvement. The HAG meetings tend to have limited multi-sectoral involvement across the Government Ministries.
Additionally, improving the number of opportunities for the Provincial and District level coordination and exchange of information could potentially improve the quality and consistency of responses across Viet Nam. The new elevation attributed to the NAC/NAB to Ministerial status in December, 1997, may help to bolster coordination across the many diverse Government sectors in Viet Nam.

Additional efforts through targeted and goal oriented coordination could substantially contribute to the provision of services. For example, coordination in mobilizing resources, strengthening a distribution system, and the promotion and use of condoms in specific rural areas could be a targeted coordinated action.

**Limited Resources**

Even with the additional numbers of organisations and increase in overall funding for HIV/AIDS in Viet Nam, there continue to be limited resources for provincial and district level implementation of programs. There is a need to mobilise resources that will be specifically targeted to provide prevention and care services to those most at risk of infection in the community. Several sectors have now received training, however, budget allocations are limited for them to use their capacity. Increased resources strategically allocated to local provincial, district and commune levels could improve the overall response.

**Monitoring and Evaluation**

Effective monitoring and evaluation of program activities across all sectors does not occur. The development of the capacity, skills and management system to effectively monitor both donor and national efforts in HIV/AIDS needs to occur and could be a priority for the future. The development of monitoring and evaluation tools that are easily used by program managers and implementors could strengthen the overall response to HIV/AIDS.

4.1.3 Conclusion

In conclusion, the project has significantly contributed to the improvement of coordination and mobilisation of external assistance for HIV/AIDS programming in Viet Nam which has resulted in enhanced programming and limited overlap of efforts. In the future, more efforts need to be focused on improving coordination across Government Ministries, expanding efforts to mobilize resources for local level implementation of services to those most at risk of infection, and improving a strategy and capacity to monitor and evaluate the effectiveness of programs. Finally, the efforts in coordination must move beyond information exchange to coordinated action to fulfil unmet needs within the epidemic (eg., local IEC strategies that are linked to services that offer appropriate STD management and care).
4.2 Immediate Objective 2: To build capacity in policy formulation within HIV/AIDS.

Indicators: 1. Effective policies formulated and supported by policy makers/society; 2. A supportive environment for behavior change is established; 3. Non-discriminatory attitudes towards PLWHA.

4.2.1 Achievements: The project has made major progress towards capacity development in improved leadership, awareness, and implementation of supportive policies for behavior change and non-discriminatory attitudes and programs for PLWHA.

The National Strategic Plan for HIV/AIDS 1994-2000 lays out most of the Governments policies in HIV/AIDS. The project was successful in facilitating greater leadership and understanding of these policies and international best practice. Regional study tours and regional trainings contributed significantly in this area. The result has been improved tolerance in relation to prevention strategies that address sensitive cultural and social issues, and in some places direct support for policies that enhance implementation of sensitive prevention programs. For example, the exposure of Vietnamese policy makers and professionals to international best practice through study tours, allowed for greater awareness and tolerance of the implementation of primary prevention programs with drug users (harm reduction and needle/syringe programs). Primary prevention programs with drug users have been piloted in several provinces and now UNDCP will have a new project dedicated to this field.

In addition to the implementation of prevention programs with drug users, the NAC/NAB now have a better understanding of the difference between information education and the policy to inform those vulnerable to infection about the specific behavior changes that are necessary to avoid infection (eg., use condoms). Although improvements in this area are needed, this change of understanding has also led to the identification of priority populations for prevention services and the need to tailor and target communication with the input and involvement of injecting drug users, sex workers, STD patients, youth and women as key priorities.

The project’s efforts have contributed to the increased involvement of people living with HIV/AIDS at provincial levels in many areas across Viet Nam. The establishment and maintenance of Friends to Friends groups signifies a major advancement in the understanding of the complexities of the epidemic and the beginning of a reduction of discriminatory attitudes towards PLWHA. The project was not the only nor the first organisation to facilitate this, however, due to its close association to the NAC/NAB it has been very influential at policy levels. The involvement of PLWHA in HAG meetings also signifies attempts for non-discriminatory communication within the HIV/AIDS sector. Besides Thailand, Viet Nam is the most advanced country in the region addressing the needs of people living with HIV/AIDS.

The Government Decree, 1122 of December 1997 from the Prime Minister Phan Van Khai elevates the position of the NAC to a ministerial level giving the right of signature
authority and budgetary control to the NAC. This is an important policy advance for the national program. This will allow greater independence and higher status of the NAC in establishing and strengthening the PACs in every province. The higher status also allows the NAC greater potential to coordinate and cooperate across Government Ministries.

Finally, through the development of the capacity to independently formulate policies and strategies, the NAC is currently revising the National Strategic Plan for HIV/AIDS. The NAC/NAB role in facilitating others to implement the national policies at local levels is now their most critical role and challenge.

4.2.2 Constraints
Although there has been major achievements in the support and practice of appropriate polices in Viet Nam in the past two years, there continues to be a need to translate policies into better and more consistent practice. There are inconsistent 'points of view' concerning the translation of national policies into provincial practices and therefore there is inconsistent implementation across the provinces.

For example, policies concerning primary prevention of HIV with drug users are not explicit and therefore are interpreted according to local policy preferences. In Nha Trang for instance outreach education is provided to drug users concerning how to avoid HIV infection or infecting others, but they are not given access to concrete prevention services. While in Ho Chi Minh City, the drug users are given a variety of primary prevention services. Another example is the lack of an explicit national condom policy. This reduces the coordination, planning, distribution and supply of condoms specifically for HIV and STD prevention purposes. This is greatly needed to ensure the distribution in the rural and border areas where the epidemic is spreading.

Finally, there is a continued need to update policies and provide practical guidelines for their implementation. Specifically, guidelines are needed at a provincial level to inform and support the implementation of counselling and care for people living with HIV/AIDS. There continues to be discriminatory practices towards PLWHA at a local level. There is a need for some sectoral policies concerning notification of testing and care for people living with HIV/AIDS. This is true for MOLISA where a specific policy could improve the care of HIV positive people within the detention centers for drug users and sex workers.

4.2.3 Conclusion
In conclusion, the project has positively facilitated improved leadership, understanding and implementation of policy and best practice in relation to primary prevention and the attitudes and care for people living with HIV/AIDS. However, policy dialogue and decision making is often relegated to the local provincial level resulting in inconsistent implementation across the country. Local policy dialogue, continued regional exchanges for local policy makers and practical guidelines based upon national policies could strengthen the leadership and provide more consistent implementation of services between provinces and across the country.
4.3 Immediate Objective 3: To build capacity of all relevant Ministries and sectors (particularly Health, Education, Defence, MOLISA, Women's and Youth Unions, NGOs) to plan and manage HIV/AIDS Activities.


4.3.1 Achievements
The project facilitated the involvement of 19 Vietnamese participants in international HIV/AIDS conferences, 10 participants in a study tour to Thailand and 10 participants in a training course in Thailand. Thirty six percent of participants involved internationally were women.

The project also facilitated the involvement of over 3100 participants from the majority of provinces across the country in 70 training or workshop activities within Viet Nam. These training and workshop activities were implemented by 26 different sub-contractors or training institutes (Annex III). The content of the training courses covered 18 subjects varying from IEC to Peer Education to Supporting Local NGOs. The general topics covered during the training are listed in Table 1 in rank order of the total number of workshops provided. Regional or international technical assistance was provided for approximately 10% of all of the trainings.

Table 1: Summary of Training Conducted

<table>
<thead>
<tr>
<th>Ranking</th>
<th>Content of Workshop (Code)</th>
<th># of Workshops</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>IEC (TT)</td>
<td>8</td>
</tr>
<tr>
<td>1</td>
<td>Health Care System Training (YT)</td>
<td>8</td>
</tr>
<tr>
<td>2</td>
<td>Peer Education (GD)</td>
<td>7</td>
</tr>
<tr>
<td>2</td>
<td>Management and Planning (QL)</td>
<td>7</td>
</tr>
<tr>
<td>2</td>
<td>Mass Organizations Involvement (QC)</td>
<td>7</td>
</tr>
<tr>
<td>2</td>
<td>Computer Network Training (NE)</td>
<td>7 plus 1 retraining</td>
</tr>
<tr>
<td>3</td>
<td>Strengthening Local NGOs (PC)</td>
<td>5</td>
</tr>
<tr>
<td>4</td>
<td>Care in the Community (CS)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Research Training (NC)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Administration with the NAC (UP)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Budget and Finance (TC)</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>Sentinel Surveillance (GS)</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>1996 Workplan Deployment (KH)</td>
<td>2</td>
</tr>
<tr>
<td>6</td>
<td>Cross Border Transmission (BG)</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>Integration of TB and HIV (LG)</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>NEX Training (NEX)</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>In-Country Study Tour</td>
<td>1</td>
</tr>
<tr>
<td>6</td>
<td>Training Needs Assessment</td>
<td>1</td>
</tr>
</tbody>
</table>
The project was successful in creatively using limited resources to facilitate a large number of training activities across many sectors, provinces and disciplines associated with HIV/AIDS. Through international and national training the project help to facilitate the development of leadership within the NAC and some PACs. The project was also successful in involving a large number of institutions in conducting the training. Through discussions with trainers and trainees a number of improvements in the quality of training occurred over the time frame of implementation of the project depending upon the subcontractor. This included the involvement of the people living with HIV/AIDS and people at risk of infection in the training. There was also an increased use of participatory training methods utilised by some of the trainers and facilitators within the workshops.

Collectively, the activities undertaken through the training program has expanded the leadership and capacity of a number of sectors in the area of planning and managing HIV/AIDS programs. Over the past two years the independent management capacity of the NAC/NAB has increased. The training has collectively increased the lessons learned and the capacity to both undertake training and improve the quality of prevention and care activities in Viet Nam.

4.3.2 Constraints

Overall, the major constraint in this component was the lack of planning. There was not a system of management used to maximize the training. Those trained were not adequately skilled to train others at the provincial and district level. The project also chose to cover a large breath of training subjects as opposed to depth. In covering 18 different subject areas there was less time available for developing the training skills of the trainees. This was partially due to the demanding project design and the limited time frame for implementation, but also reflected the need for greater management within the project.

Improved planning and strategic foresight could have allowed the development of a cohesive training program and management system which provided support for the development of a cadre of professionals certified in training others in specific fields. Initial national training should be linked to a system to followed up with provincial training, a budget for supervision and implementation, and a budget for an evaluation and improvement of the training courses provided. There was an assumption within the project design that this would occur through mobilisation of resources, but it was not always the reality.

The utilization of institutes outside the NAB was important in building the capacity of institutes to supply training. However, it would have been better managed through limiting the number of subcontracts. Administrative and management problems were associated with so many sub-contractors and subcontractual guidelines did not always appropriately meet the needs of the trainees at the local level. For example, one institute could have managed the trainings for the southern region, one for the central and one for the north. These institutes could have managed training needs assessments, have clear guidelines as sub-contractors and have enough time to adequately address the development of training courses.
The quality of training needs to be based upon known best practice, research analysis and community based approaches to prevention and care. These generally take more time to develop and implement than the time allocated for the preparation and execution within the project. The outcome was that the quality of training varied depending upon the institute's previous experience and their capacity to quickly develop the training course and the amount of time available in technical assistance provided by the project/NAB staff. In the future NAB staff themselves do not need to be directly implementing training.

Other constraints identified were associated with the selection of trainees. Participation in training courses was multisectoral. However, some trainers identified the need to better involve some sectors in local training including the military and the police. Finally, the rapid turnover of government staff in positions responsible for HIV/AIDS at local levels has meant that approximately 25-30% of those trained have moved to other positions. This rapid turnover effects the ability for provincial and district level implementation and follow up.

The review team attended the final workshop in “Training Needs Assessments”. Of the 34 participants, 2/3 had received previous training. A self assessment concluded that 44% were capable of explaining laws and policies, 55% needed training in how to train, and 53% needed training in counselling and care. Further training according to these participants should focus on skills in participatory training methods, practical skills in counselling and community care, and training in the supervision, management and implementation of prevention and care at a provincial and district level.

**4.3.3 Conclusions**

In conclusion, the international and national training provided through the UNDP project facilitated the development of leadership for some key NAC/NAB members in independent management of HIV/AIDS programs. A multisectoral effort through training was accomplished that contributed to improving the quality of the current programming and laying the foundation for future programming in HIV/AIDS.

In the future, multisectoral capacity development efforts could be more focussed to ensure a system of management of training that is sub-contracted to a limited number of institutions to ensure quality. The development of the depth of training skills is required to conduct participatory training at a provincial level with a particular focus on practical skills development. One example of an identified need is in counselling and community care. Additionally, provincial training should be supported with an ensured budget for follow up program implementation and evaluation, feedback and the improvement of the capacity to plan and manage programs at district and commune levels.
4.4 Immediate Objective 4: To strengthen the capability in operational research of all sectors involved in HIV/AIDS.

Indicators: 1. Annual number of relevant operational research increased; 2. Results of the research duly reflected in policies and plans.

4.4.1 Achievements The major achievement in this area was the first large undertaking of social and behavioral HIV/AIDS research projects funded jointly by the NAC/NAB and the UNDP project. The use of this research in policies and planning is currently informing the new development of the National Strategic Plan in HIV/AIDS 1998-2000. Research results were shared in the first ever national scientific conference held by the NAC/NAB in November, 1997.

A total of thirty social and medical research projects were funded through the NAC/NAB and the UNDP project. The topics varied from estimation and projections of HIV to social and behavioral analysis and were undertaken by a large number of institutions. The majority of reports offered new information for analysis in policies and programs.

Several results from the research have started to inform policy and strategic planning. The study undertaken by the Vietnamese Community Mobilization Center for AIDS Control evaluated the management, care and counselling of people living with HIV/AIDS in Da Nang City (Khoat et al). They found that the majority of PLWHA received health care from formal settings (80%), however, low education, and inadequate motivation of families and mass organisations reduced the direct impact of this program on the provision of psychological support for PLWHA. The limitations of the QCT program need to be addressed with appropriate strategies to expand education and training in the community to reduce discrimination and provide adequate support for PLWHA. This example, funded by UNDP, represents a useful research tool in evaluating a programmatic priority.

Another study funded by UNDP, Commercial Sex Worker in the North - Social Aspects and Behavior related to HIV/AIDS and STDs, (Hong et al), analysed the demography, social and behavioral characteristics of sex workers and the sex industry. They concluded that majority of female sex workers had education levels ≤ grade 5, that the majority of women were from provinces other than their own, and that the mean age that they had first received money for sex was getting younger. Female sex workers also were found not to have frequent visits for gynaecological care, nor were they likely to use a condom if the client was a 'regular' client. Additionally, only 30% of clients bought condoms themselves and almost no pimps or restaurant owners supplied condoms. These finding suggest that targeted strategies to improve sex workers access for gynaecological care as well as targeted strategies with the sex industry and male clients could substantially improve prevention activities.

4.4.2 Constraints The overall constraint of the efforts in this area was that implementation of the research was severely delayed and therefore the efforts were not managed as a capacity
development program. In a capacity development program aimed at increasing research capacity and use of findings, there could have been an analysis of the capacity development needs with respect to identified priorities in social and medical research. An enhanced program in training could have bolstered research designs and allowed for a thorough development of research proposals. A peer reviewed process for selection of research proposals followed by expanded technical assistance in undertaking the research could have strengthened capacity for the sector as a whole. Finally, with sufficient time and assistance a thorough analysis of research results could have prepared better final reports and presentations of finding. This kind of capacity development program would improve the overall quality and usefulness of the research undertaken within this component.

4.4.3 Conclusions
In conclusion, efforts to improve the capability in operational research although delayed were executed in the second year with additional funds and research projects directly supported by the NAC/NAB. Selected research finding are affecting Government policy and planning in the development of the new National Strategy 1998-2000. The first national scientific conference will hopefully be continued in following years. Therefore, the first set of thirty research projects undertaken lays a foundation for continued growth and utilisation of research to improve policy and programming. In the future, anticipated planning could strengthen the opportunity for capacity development in an appropriate management mechanism. The role the NAC/NAB is in identifying the priorities for research in relation to the National Strategic Plan. A management system for research is needed including the guidelines for selection of research proposals, the submission and design of proposals, a peer review process of selection and finally the capacity development in implementation, analysis and use of research in HIV/AIDS.
V. Overall Findings

The UNDP Project, Strengthening Capacity in Coordination, Planning and Management of HIV/AIDS in Viet Nam, has made substantial progress over a relatively short time frame within each of the stated four objectives.

The timing of assistance at the National level to improve a coordinated and expanded response to HIV/AIDS was appropriate given that formulation of the project occurred in 1994. Project formulation coincided with the establishment of the NAC outside of the Ministry of Health and the allocation of full time staff to the NAB. Given the nature of the quickly moving epidemic and the context of assistance, the project designers formulated assistance in: a) coordination and mobilization of funding; b) policy formulation; c) capacity building across many different sectors; and d) the improvement of capability and use of operational research. These are all extremely appropriate objectives given the needs of a multisectoral response to HIV/AIDS and yet were very ambitious for a two year project with limited staff, funding and resources. The outcomes supported by project team should be commended.

The NAB was appropriately chosen as the National Executing Agency for the project. However, the original design of the objectives of the project did not sufficiently focus on the context of implementation, the overriding need for central management within the NAC/NAB and the specific needs within the NAB in capacity development. Through hindsight, a phased approach that initially focused on strengthening the NAB management systems could have improved operational issues and implementation across the project. Several operational issues caused major delays in implementation within the first year. The second year allowed for accelerated implementation, due to the stability and improved strength of personnel, a clarification of roles and strengthened leadership.

Over the two years, capacity development within the NAC/NAB occurred through many efforts associated with each of the objectives resulting in increased leadership within the NAC/NAB and increased capacity in coordination, planning, analysis and management. The strongest indicator of national capacity in HIV/AIDS are the current independent efforts in redesigning the National Strategic Plan without external assistance. Outside of Thailand, no other country in the region has this capacity.

Overall, the project was able to strengthen the mechanism of coordination within the country through the establishment and maintenance of the HAG meetings and several written sources of information exchange. The HAG meetings have allowed the larger 'civil society', including the non-governmental sector and people living with HIV/AIDS, to have a voice in informing the implementation of policies and programmes. The spirit of the HAG meetings represent major steps forward in strengthening the capacity in responding to HIV/AIDS. The future needs in coordination are across sectors within the Government which may be better addressed given Government Decree, 1122, December 1997.
Coordination in the future must also strive beyond information exchange to accomplishing specific goals to fulfil unmet needs within the epidemic. Three examples are the need for coordinated efforts to distribute and promote condoms in rural border areas affected by the epidemic, secondly the need for a coordinated and concerted effort to train the private sector physician, pharmacist and drug vendors in STD management could have substantial impacts on the epidemic. And another example is the need for the coordinated development of clear guidelines for the counselling of people living with HIV/AIDS. These each could be targeted outcomes of better coordination.

In the area of policy formulation the project has positively facilitated improved leadership, and understanding of HIV/AIDS policy and best practice in relation to primary prevention with drug users and improving the attitudes towards the care for people living with HIV/AIDS. A limited number of primary prevention interventions with drug users is occurring. In parallel but through separate strategies, efforts to reduce “social evils” are also occurring. The improvement of education in detention centres for drug users and sex workers is being proposed. The involvement of NGOs is growing in the national response and there is increasing support at a national policy level for the development of indigenous NGOs. These all contribute to a stronger more effective HIV/AIDS program.

Decision about how to implement national policies occurs at a local provincial level. This results in inconsistent implementation across the country. Consistent implementation of policies is dependant upon local decisions and the availability of resources. Different levels of access of prevention services occurs in different provinces due to both local policy decisions and resources. It is necessary in the future to focus policy dialogue at a local provincial and district levels where implementation must be supported by local authorities. The greater involvement of police and military in supporting local prevention programs would strengthen local outcomes.

In expanding the response to HIV/AIDS across many sectors, the UNDP project design specifically did not favour capacity development within any one sector or Ministry but tried to equitably support all sectors and provinces across the country. The cumulative results of the trainings have been the development of leadership for some key NAC/NAB members in independent management of HIV/AIDS programs, the raising of awareness and initial involvement of a multisectoral effort, and the improvement of the quality in key areas including the need to tailor IEC messages with different audiences.

In the future, a management system for training should be developed and focused through a limited number of sub-contractors to ensure the development of the depth of skills required to train others (TOT). Participatory training at a local level with a focus on practical skills development is needed. One example of an identified need is in the area of counselling and community care. Additionally, provincial training should be supported with an ensured budget for program implementation and evaluation to allow follow up, feedback and retraining. A management system for training could improve the capacity to plan and manage programs at district and commune levels.

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Although research capacity development suffered from delays in execution, in the second year with additional Government funds the research projects were undertaken. The leadership displayed by holding the first conference on scientific research in HIV/AIDS in Viet Nam implies a continued Government commitment to the funding of research. Expansion of research in the fields of social, behavioral and medical sciences associated with HIV/AIDS will provide important information for the improvement of programs. A limited number of research reports have already begun to inform policy and planning. A utilisation of the existing systems for information dissemination of the research findings would improve the accessibility and use of the research in programs. In the future, anticipated planning could strengthen the opportunity for capacity development in management, design, implementation, analysis and use of research in HIV/AIDS.

Given the context, the timing and design challenges associated with the UNDP HIV/AIDS project, major progress was made in association with each of the stated objectives. The review team would like to commend all members of the project team for their dedication and efforts over the last two years.
VI. Lessons Learned

The National Execution Modality:
National Execution of projects should be accompanied by national involvement in the design of projects objectives and activities. The design and function of the execution modality must take full advantage of improving and empowering the capacity of the national government, while taking full advantage of the expertise of the national and international project staff. Additionally, the roles, functions and responsibilities of all members of the national and international staff need to be clarified and supported as a member of a team early in project implementation. Early training and strong support from the UNDP program officer is needed to improve utilisation of the UNDP regulations. In the future, an analysis of alternative configurations of the modality should occur during project formulation. Greater financial support for management under the National Execution should be built into the design and implementation of the project.

Management of a National Multisectoral Response to HIV/AIDS
The complexity of issues associated with HIV/AIDS calls for strong leadership. Strong leadership is not equivalent to centralised control over implementation of activities across many sectors and provinces. The role of the NAB in providing strong leadership through clear, consistent and effective policies associated with the National Strategy has been apparent throughout the project. Associated with strong leadership is the need for decentralised, local management and implementation of clear policies and strategies. The NAB’s role is critical in two areas to decentralise the response to HIV/AIDS:

1. the formulation of clear and consistent policies that improve the effectiveness of program implementation and therefore outcomes of the funding utilised, and
2. the improvement of policy dialogue and management capacity at a local levels so that consistent implementation of programs can be supported across provinces.

Local political support for effective policies and management capacity for implementation is critical to the success of a national response.

Management of Technical Assistance
Full utilisation of technical assistance through the project was hampered by several issues including: delays in project implementation, the need for advanced planning and improved management, issues relating to the stability of staff, the capacity of assistance and the configuration of compensation. In the future, a management system for the project as a whole could improve the planning, utilisation of technical assistance and therefore the quality of the outcomes across the project.

Gender Analysis
Overall, project activities tried to address the needs of women in their role as commercial sex workers, mothers and young adults. However, there was little evidence provided to the evaluation team that an analysis of gender relations and dynamics have been central to the development of training and strategies in HIV/AIDS. Some of the new research
findings suggest through in depth interviews with commercial sex workers that men play an important role in decision making in sexual relations (paid or unpaid). More research must address the sexual behavior of men and the demography of the clients of sex workers and the owners of hotels and restaurants where commercial sex transactions take place. Men’s role, whether as a client or beneficiary of the sex industry, must be analysed and used to strengthen HIV prevention and care policies and programs. It will not be enough to teach women about safe sex or safe injection. Strategies to address changes in men’s behavior have been successful in other countries. Strategies that reach men through the workplace, both informal and formal, can be effective in changing men’s behavior. Finally, the involvement of the police and military within a community based approach has a large potential to improve overall programs successes.

**UNDP within the UNAIDS framework**

An analysis of how the UNDP project and strategies fit with other UN programs reveals that UNDP has facilitated training and capacity development across all sectors as per the original design (see table below). The number of UN agencies involved in HIV/AIDS has increased in Viet Nam since program design, however, gaps within the UN system still exist in responding to the needs of the country and the epidemic. There continues to be a need to strengthen management capacity and orientation within the NAB. These efforts have the potential to enhance all programs across the UN system. In addition, there is a need to improve decentralisation of program management to provincial, district and commune levels. An analysis of UNDP’s comparative advantage and the needs within the country HIV/AIDS response highlight key areas which will inform specific program formulation.

<table>
<thead>
<tr>
<th>UN Agency</th>
<th>Area of Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNAIDS</td>
<td>Coordination, Resource Mobilisation and International Best Practice</td>
</tr>
<tr>
<td>UNDP</td>
<td>Coordination, Resource Mobilisation, Capacity Development in All Sectors and Research Development in All Sectors</td>
</tr>
<tr>
<td>UNDCP</td>
<td>Primary HIV Prevention with Drug Users</td>
</tr>
<tr>
<td>UNFPA</td>
<td>Reproductive Health focusing on services for IUD acceptors and Adolescent Education</td>
</tr>
<tr>
<td>UNICEF</td>
<td>Youth Health through Life Skills and HIV/AIDS Prevention</td>
</tr>
<tr>
<td>WHO</td>
<td>Technical Assistance in Infection Control, Blood Safety and Surveillance and STD management</td>
</tr>
<tr>
<td>World Bank</td>
<td>Blood Safety - in the future.</td>
</tr>
</tbody>
</table>

It is clear within this table that the design of the UNDP VIE/93 project was meant to provide equitable support across all programmatic areas with all possible partners in the country to develop a wide multisectoral response to HIV/AIDS. With the addition of other partners, UNDP’s comparative advantage may be better placed with specific focus
that complements and strengthens responses. Strengthening management within the NAB while providing, support for provincial and district implementation for programming directly at a local level are needed.

**Key Areas for the Future:**
The services required for improved prevention and care at a local level have become clearer and have been given greater political and financial support by the Government since the beginning of the project. Several key areas were identified by the review team that are the most important policy and organisational issues in the field of HIV/AIDS that need to be addressed to overcome constraints within the next three years.

- Improving the capacity and skill in counselling, support and care for people living with HIV/AIDS at the community level.

- Improving the condom supply, management, distribution, promotion and use at district and commune levels with specific targeting of border and rural areas affected by the epidemic. IEC strategies must link HIV education to the supply of condoms.

- Improving communication strategies to address the gender imbalance in sexual relations. It will not be enough to target education to female sex workers through peer education, greater efforts in targeting changes in men’s sexual behavior including condom use are needed.

- Improving the capacity and quality of STD management with special efforts focussed on community based care with the involvement of private sector physicians, pharmacist and drug vendors. IEC strategies must link HIV education to direction to effective STD services.

- Maintaining and expanding primary prevention with drug users with efforts targeted at local policy issues and implementation at a community level.

- Improving community based programming through the support for the involvement of Mass Organisations and Vietnamese NGO development in the overall response.

- Improving the decentralisation of program implementation with a targeting of resources and allocation in geographical areas that will have the greatest impact on the spread of the epidemic.

In cooperation with the Government of Viet Nam and UNAIDS, UNDP should analyse their comparative advantage in contributing to the National response to HIV/AIDS through assistance focused in a limited number of these specific areas.
VII. Recommendations

1. Based upon the findings of the review of the UNDP HIV/AIDS project, it is recommended by the evaluation team that UNDP continue assistance in the field of HIV/AIDS in Viet Nam.

2. The NAB should continue to be the main counterpart for the formulation of a new project design. Within the new project formulation focus should be given to improving the management capacity within the NAB to undertake their role in policy development and leadership.

3. Consideration should be given during the formulation to supporting the decentralisation of program implementation at local provincial, district and commune levels. The new project formulation should consider a design that would appropriately support the management capacity and local implementation of national policies with selected PACs.

4. Additionally, new project formulation should consider the diversification of counterparts to include a limited number of partners with a greater focus in implementing national policies at a local level including the involvement of Mass Organisations and the non-governmental sector.

5. A formulation mission should be quickly expedited including at least the involvement of key members of the NAB and UNDP.
VIII. Annexes
Annex 1

Documents Reviewed


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Annex 2:  

Individuals Consulted

Hanoi

**National AIDS Bureau and Project Team:**
- Prof. Chung A., Vice Chairman of the NAC and Director of the National AIDS Bureau
- Dr. Le Dien Hong, National Project Director and former Director of the NAB
- Dr. Bui Hien, Section Chief, International Relations Section, National AIDS Bureau
- Mr. Nguyen Tran Lam, National AIDS Committee, International Programme Specialist
- Dr. Dang Van Khoat, Section Chief, IEC Section, National AIDS Bureau
- Dr. Dao Quang Vinh, National AIDS Committee, Programme Officer
- Dr. Nguyen Quang Hai, Section Chief Administration, National AIDS Bureau
- Dr. Vu Minh Quan, National AIDS Committee, UNDP Project Manager
- Ms. Phan Vu Diem Hang, National Consultant, UNDP
- Mr. Jamie Uhrig, UNDP Project Officer
- Dr. Laurent Zessler, CPA, UNAIDS; CTA, UNDP

**United Nations**
- Dr. Phan Thi Le Mai, UNICEF, National Project Officer
- Mrs. Nguyen Bach Yen, UNFPA, National Programme Assistant Reproductive Health
- Mrs. Nguyen Thi Mai Huong, UNFPA, National Programme Officer
- Dr. Eric Palstra, UNFPA, Resident Representative
- Dr. Jens Hannibal, UNDCP, Resident Representative
- Mr. Nguyen Toung Dung, UNDCP, National Program Officer
- Dr. Cuboni, WHO Resident Representative, former UN Theme Group Chairman
- Mr. Nguyen Xuan Hong, WHO, former UNDP National Consultant
- Mr. Rodney Hatfield, UNICEF, Deputy Representative
- Mr. Nguyen Tien Phong, UNDP, National Programme Officer
- Ms. Rikke Jensen, UNDP, Programme Officer
- Mrs. Minoli De Bresser, UNDP, Assistant Resident Representative
- Mr. Nicholas Rosellini, UNDP, Deputy Resident Representative

**Ministries**
- Mr. Trinh Hong Thuan, MOLISA, Deputy Director, Dept. of Social Evils Prevention
- Mr. Hoang Van Quynh, MOLISA, Chief of Policy Division
- Mr. Le Van Khanh, MOLISA, Medical Doctor
- Mr. Tran Xuan Nhat, MOLISA, International Relations
- Mr. Van Trung, MOLISA, Policy Division
- Dr. Trinh Quan Huan, MOH, Deputy Director, Dept. of Preventative Medicine, Vice-Chairman, AIDS Division
- Dr. Duong Duc Chien, MOH, Head, Secretariat of AIDS Division
- Dr. Phan Thu Huong, MOH, Planning Unit, AIDS Division
Mr. Mai Huy Bong, MOET, General Secretary, Education Steering Department of Prevention of AIDS and Drugs
Mr. Vu Trong Thieu, MOCI, Permanent member of Population and AIDS Prevention Committee
Mr. Nguyen Van Nhan, MOCI, Director of International Relations and Communication
Mr. Nguyen Huy Thang, MOCI, Program Officer
Dr. Do Xuan Mao, MPI, Director, Department of Labour Culture and Social Affairs
Dr. Nguyen The Phuong, MPI, Deputy Director Foreign Economic Relations Department
Mr. Dao Xuan Quang, MPI, Programme Coordination Officer

Hanoi Provincial AIDS Committee
Dr. Luu Thi Minh Chau, Standing Member

Mass Organisations:
Ms. Do Thanh Nhat, Women's Union, Programme Officer on MCH/FP
Ms. Cao Thi Hong Van, Women's Union, Deputy Chief of Family and Welfare Dept.
Mrs. Chu Thi Xuyen, Youth Union, Director of Population Education, Health and Environment Centre.
Ms. Dang Thi Khao Trang, Youth Union, Program Assistant
Ms. Nguyen Thu Ninh, Youth Union, Staff of the Center.
Dr. Dao Tran, Vietnam Red Cross Society, Head of Health Care Dept.
Mr. Truong Toan Khanh, Vietnam Red Cross Society, HIV/AIDS Officer

Resource Center
Dr. Phan Van Tuong, HSPH, HIV/AIDS Resource Center
Ms. Do Mai Hoa, Volunteer
Ms. Pham Phuong Lan, Volunteer

NGOs:
Mr. Dang Anh Tuan, VICOMC
Mr. Nguyen Tien Thinh, VICOMC Vice Director
Mr. Nguyen Hoang Oanh, VICOMC
Mr. Pham Van Gia, VICOMC
Dr. Le Tu Van SUCCECOM, Director
Mr. Nguyen Ba Manh, Unesco, Member
Mr. Tran Linh Gioi, CARE, Programme Officer
Ms. Catherine Esposito, CARE International, Programming Coordinator
Mr. Duncan Earle, DKT International, Country Director
Ms. Nina McCoy, Australian Red Cross
Dr. Paula Quigley, GTZ, Project Coordinator
Dr. Lynellyn Long, Population Council

Ho Chi Minh City

Provincial AIDS Committee:
Truong Xuan Lieu, Standing Member of HCMC AIDS Office
Le Truong Giang, Member, Secretary to the Office
Nguyen Huu Luyen, Counselor for HIV/AIDS patients, AIDS Office
Nguyen Thanh Son, Project Manager of IEC, AIDS Office
Le Thuy Lan Thao, Planning Section, AIDS Office
Dang Hong Tuyen, Expert on AIDS, HCMC Labour Union
Tran Thi Xuan Hai, Women’s Union
Tran Thinh, STD and AIDS Program manager, Member of the AIDS Office

Researcher and Independent Consultant
Nguyen Thi Oanh, Social Development Consultant

Centre for Information and Education on AIDS - Resource Center
Tran Hue Trinh
Phung Duc Nhat
Le Dinh Sang
Pham Thi Thanh Ha
Doan Trong Hiep

Save the Children Fund/UK
Mark Beukema, Program Manager
Tran Cong Binh, Assistant Manager
Vo Hoang Son, Assistant Manager
Nguyen Quoc Tuan, Chief of teenagers group
Le Cao Dung, Chief of MSM, Video group
Dao Thi Hong, Peer Educator, CSW group
Vo Van Cuong, Partners group
Nguyen Nhat Tam, Educator
Hoang Manh Hai, Peer Educator, IDU outreach group

Pasteur Institute
Dr. Nguyen Thi Thanh Thuy, Deputy Chief of the Epidemiology Department

Nha Trang
Khánh Hòa Provincial AIDS Committee
Mr. Truong Tan Minh, Vice Director Public Health Service
Mr. Tran Man Em, Standing Member of the PAC
Mr. Vo Van Thanh, Specialist

 Médécine Sans Frontières MSF-Belgium
Dr. Nguyen Quang Tho, Chairman of the Board
Dr. Tran Thi Tuyet Mai, Chief of MSF Clinic
Outreach Workers
Mr. Doan Chi Dung, Youth Association
Mr. Doan Ly, Peer Educator, IDU

Trainer
Mr. Vo Van Thanh, Master Trainer, Khanh Hoa Province

Researcher
Dr. Cao Sy Son, Dermatology Center researcher
Individuals consulted through the training needs assessment workshop
Hanoi, 12-14 Jan. 1998

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<th>Name</th>
<th>Title/Position</th>
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<tr>
<td>1.</td>
<td>Do Thi Thanh Nhan</td>
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<td>2.</td>
<td>Vu Van Thanh</td>
<td>Tourism Company</td>
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<td>3.</td>
<td>Hoang Thi Xuan Lan</td>
<td>Da nang Hygiene Epidemiology Center</td>
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<td>4.</td>
<td>Chu Van Tien</td>
<td>NAC</td>
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<tr>
<td>5.</td>
<td>Trinh Thi Hue</td>
<td>Education Center, MOH</td>
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<td>6.</td>
<td>Dao Thi Mai</td>
<td>Hai Phong AIDS Committee</td>
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<tr>
<td>7.</td>
<td>Nguyen Tran Huy</td>
<td>Southern VICOMC</td>
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<tr>
<td>8.</td>
<td>Nguyen Thi Nga</td>
<td>Ha Noi Hygiene &amp; Epidemiology Center</td>
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<td>9.</td>
<td>Vu Tran Trien</td>
<td>Transportation Health Center, MOT</td>
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<td>10.</td>
<td>Tran Van Ban</td>
<td>Ha Nam Hygiene &amp; Epidemiology Center</td>
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<tr>
<td>11.</td>
<td>Pham Thanh Van</td>
<td>HCMC Social Center</td>
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<tr>
<td>12.</td>
<td>Nguyen Chi Lung</td>
<td>Quang Ninh Health Center</td>
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<td>13.</td>
<td>Nguyen Ba Manh</td>
<td>Education Center UNESCO</td>
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<td>14.</td>
<td>Nguyen Nguyen</td>
<td>Fatherland Front</td>
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<td>15.</td>
<td>Nguyen Thi Yen</td>
<td>VN Scientific Committee</td>
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<td>16.</td>
<td>Nguyen Vu Thuong</td>
<td>HCM Pasteur Institute Center</td>
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<td>17.</td>
<td>Dang Thi Khao Trang</td>
<td>VN Youth Union</td>
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<td>18.</td>
<td>Le Tu Van</td>
<td>SUCECON</td>
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<td>19.</td>
<td>Le Van Chu</td>
<td>AIDS Division, Ministry of Defense</td>
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<td>20.</td>
<td>Ngo Thanh Thuy</td>
<td>EIC Division, NAC</td>
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<td>21.</td>
<td>Nguyen Thi Luong</td>
<td>Peasant Union</td>
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<td>22.</td>
<td>Dang Hoai Ai</td>
<td>VN Trade Union</td>
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<td>23.</td>
<td>Tran Van Ban</td>
<td>Hanam Preventive Center</td>
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<td>24.</td>
<td>Pham Quoc Hai</td>
<td>Pasteur Nha Trang</td>
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<td>Tran Phuc Hau</td>
<td>HCM Pasteur</td>
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<td>VN Air Company</td>
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<td>Pham Kim Thanh</td>
<td>Hai Phong AIDS Committee</td>
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<td>Pham Hong Thang</td>
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<td>29.</td>
<td>Vu Trong Thien</td>
<td>Information/ Culture Ministry</td>
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<td>Dang Anh Tuan</td>
<td>VICOMC</td>
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<td>31.</td>
<td>Pham Van Gia</td>
<td>VICOMC</td>
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<td>32.</td>
<td>Pham Hoang Anh</td>
<td>VICOMC</td>
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<td>33.</td>
<td>Nguyen Tien Thinh</td>
<td>VICOMC</td>
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<td>34.</td>
<td>Nguyen Hong Van</td>
<td>VINAFÁ</td>
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Annex 3:

The counterparts and institutions involved in implementing the training programme (subcontractors)

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<th>No</th>
<th>Name of institutions</th>
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<td>1</td>
<td>National AIDS bureau</td>
<td>Implementing agency</td>
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<td>2</td>
<td>Ministry of culture &amp; information</td>
<td>Workshop on IEC</td>
</tr>
<tr>
<td>3</td>
<td>Ministry of Health</td>
<td>Workshop on health care for PLWHA</td>
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<td>4</td>
<td>Ministry of Defense</td>
<td>Workshop on the role of VN Military with HIV / AIDS program</td>
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<tr>
<td>5</td>
<td>Ministry of Finance</td>
<td>Workshop on financial management in HIV/AIDS program</td>
</tr>
<tr>
<td>6</td>
<td>HCM National Political Academy</td>
<td>Workshop on research on HIV/AIDS</td>
</tr>
<tr>
<td>7</td>
<td>Institute of press &amp; information</td>
<td>National workshop on IEC planing &amp; management for 1998</td>
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<tr>
<td>8</td>
<td>National Institute of Hygiene &amp; Epidemiology</td>
<td>Workshop on HIV sentinel surveillance in the North</td>
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<td>9</td>
<td>Pasteur HCM Institute</td>
<td>Workshop on HIV sentinel surveillance in the South</td>
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<td>10</td>
<td>Pasteur Nha Trang Institute</td>
<td>Workshop on health care for PLWHA in the health system in the center region</td>
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<td>11</td>
<td>Regional Institute of hygiene Epi. in Western &amp; Highland</td>
<td>Workshop on health care for PLWHA in the health system in the Highland area</td>
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<td>12</td>
<td>Institute of sociology</td>
<td>Workshop on using sociological methodologies in research on HIV/AIDS</td>
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<tr>
<td>13</td>
<td>National Institute for Clinical Research in Tropical medicine</td>
<td>Workshop on treatment for HIV/AIDS</td>
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<td>14</td>
<td>Institute of Information &amp; technology</td>
<td>Training course on computer network (Netnam)</td>
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<td>15</td>
<td>School of public health</td>
<td>Training courses on management</td>
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<td>16</td>
<td>Youth Union of Viet Nam</td>
<td>Workshop on the role of Youth Union with HIV/AIDS prevention &amp; care program</td>
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<td>17</td>
<td>Peasant Union of Viet Nam</td>
<td>Workshop on the role of Peasant Union with HIV/AIDS prevention &amp; care program</td>
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<td>18</td>
<td>Women Union of Viet nam</td>
<td>Workshop on the role of women Union with HIV/AIDS prevention &amp; care program</td>
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<td>19</td>
<td>Viet Nam Red Cross</td>
<td>Workshop on the role of Viet Nam Red Cross with HIV/AIDS prevention &amp; care program</td>
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<tr>
<td>20</td>
<td>VICOMC (Viet Nam)</td>
<td>Workshop on HIV/AIDS counselling and providing care for PLWHA and workshop</td>
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</tbody>
</table>
How to develop small project on HIV/AIDS for Vietnamese NGOs

Workshop on fund raising for Vietnamese NGOs on HIV/AIDS prevention and care activities

22 Care International in Vietnam Development and implementation of appropriate administration system of NAB

Workshop on exchange experiences among peer educators

23 Save children UK Provincial AIDS committee in Hanoi Workshop on health care for PLWHA in the North

24 Provincial AIDS committee of An Giang Workshop on health care, management, counselling for PLWHA and workshop on HIV/AIDS control in the area between Vietnam and Cambodia.

26 Provincial AIDS Committee of Khanh Hoa Workshop on HIV/AIDS care and prevention in the community
## Annex 4:

### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<tr>
<td>AusAID</td>
<td>Australian Agency for International Development</td>
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<tr>
<td>ARC</td>
<td>Australian Red Cross</td>
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<tr>
<td>CARE</td>
<td>CARE International in Viet Nam</td>
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<tr>
<td>CPEA</td>
<td>Coordinated Programme of External Assistance on HIV/AIDS in Viet Nam</td>
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<tr>
<td>CSW</td>
<td>Commercial Sex Worker</td>
</tr>
<tr>
<td>DKT</td>
<td>International Condom Social Marketing Agency</td>
</tr>
<tr>
<td>FP</td>
<td>Family Planning</td>
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<tr>
<td>GTZ</td>
<td>Deutsche Gesellschaft fuer Technische Zusammenarbeit</td>
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<td>HAG</td>
<td>HIV/AIDS Action Group</td>
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<tr>
<td>HCMC</td>
<td>Ho Chi Minh City</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>IDU</td>
<td>Injecting Drug User</td>
</tr>
<tr>
<td>IUD</td>
<td>Intrauterine Device</td>
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<tr>
<td>IEC</td>
<td>Information, Education and Communication</td>
</tr>
<tr>
<td>KABP</td>
<td>Knowledge, Attitudes, Beliefs and Practices</td>
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<tr>
<td>MCH</td>
<td>Maternal and Child Health</td>
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<tr>
<td>MOCI</td>
<td>Ministry of Culture and Information</td>
</tr>
<tr>
<td>MOET</td>
<td>Ministry of Education and Training</td>
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<td>MOF</td>
<td>Ministry of Finance</td>
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<td>MOFA</td>
<td>Ministry of Foreign Affairs</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<tr>
<td>MOJ</td>
<td>Ministry of Justice</td>
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<tr>
<td>MOLISA</td>
<td>Ministry of Labour, War Invalids and Social Affairs</td>
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<td>MPI</td>
<td>Ministry of Planning and Investment</td>
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<tr>
<td>MSF</td>
<td>Medicins Sans Frontieres</td>
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<td>NAB</td>
<td>National AIDS Bureau (Secretariat Bureau of NAC)</td>
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<td>NAC</td>
<td>National AIDS Committee of Viet Nam</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>NIDV</td>
<td>National Institute of Dermatology and Venerology</td>
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<tr>
<td>NIHE</td>
<td>National Institute of Hygiene and Epidemiology</td>
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<td>PAC</td>
<td>Provincial AIDS Committee</td>
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<tr>
<td>PLWHA</td>
<td>People Living with HIV and AIDS</td>
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<tr>
<td>QCT</td>
<td>Quan ly - Cham soc - Than van (Management - Care - Counselling)</td>
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<tr>
<td>SCF</td>
<td>Save the Children Fund</td>
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<tr>
<td>STD</td>
<td>Sexually Transmitted Disease</td>
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<td>SUCECON</td>
<td>Supporting Centre for HIV/AIDS Control</td>
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<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<td>UNDCP</td>
<td>United Nations Drug Control Programme</td>
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<td>Acronym</td>
<td>Full Name</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>UNICEF</td>
<td>United Nations Children Fund</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>United States Dollar</td>
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<td>VICOMC</td>
<td>Vietnamese Community Mobilisation Centre for HIV/AIDS</td>
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<tr>
<td>VN</td>
<td>Vietnamese</td>
</tr>
<tr>
<td>VND</td>
<td>Vietnamese Dong</td>
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<td>VNRC</td>
<td>Vietnamese Red Cross</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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<td>WU</td>
<td>Women's Union</td>
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<td>YU</td>
<td>Youth Union</td>
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</table>
Chart of organizational structure of National AIDS Bureau (NAB) and its staff members

- **Planning & Finance Section**: Dr. Nguyen Hoc Hai (Section Chief)
  - Finance: Dao Xuan Huong (Chief Account)
    - Nguyen Thi Thanh Nhan
    - Le To Uyen
  - Planning: Le Anh Tuan
    - Nguyen Duy Tung
    - Le Quang Vinh
    - Nguyen Van Quang

- **International Relations Section**: Dr. Bui Hien (Section Chief)
  - Le Ngoc Yen
  - Dao Quang Vinh
  - Nguyen Tran Lam

- **IEC Section**: Dr. Dang Van Khoat (Section Chief)
  - Doan Ngu
  - Nguyen Quoc Trung
  - Vu Minh Quan
  - Tran Quang Thuan
  - Nguyen Thu Thuy
  - Nguyen Van Tien

- **Administration Section**: Dr. Nguyen Quang Hai (Section Chief)
  - Nguyen Tuan Phong
  - Vu Hai Yen
  - Thuan (Driver)
  - Quang (Driver)
  - Quan (Driver)