

**National conference on HIV/AIDS Monitoring and Evaluation
Da Nang, January 30-31, 2007**

Conference Report

Day One January 30, 2007:

Day 1_Morning

1/. Participant registration. 8.00-8.30. 223 participants from Vietnam health organizations and non-health agencies. 29 participants from international and non-government organizations attended the conference.

2/. Opening remark by Prof. Trinh Quan Huan. 8.30-8.50

3/. P1: Overview of M&E: general, how, why M&E is important: 8.50-9.10

- Monitoring: Tracking the key elements of program/project performance on a regular basis. Measures: Inputs, Processes, Outputs.
- Evaluation: Episodic assessment of change that can be attributed to the intervention. Measures: Outcomes, Impact.

4/. P2: Summary of HIV/AIDS/STI situation/ surveillance (including IBBS): 9.10-9.40

- Overview of 4 major categories of HIV/AIDS/STI surveillance in Viet Nam:
 - Case finding
 - Sentinel surveillance
 - HIV/AIDS Sentinel surveillance
 - STI sentinel surveillance
 - Behavioral sentinel surveillance
 - Intergarated Behavioral and Biological Survey (IBBS)
 - HIV/AIDS estimation and projection
 - Special studies
- For each of categories : discuss the following
 - Methods: scope of implementation, sampling methods, data collection tools, sites, surveyed populations
 - Results.
 - Limitations.

5/. Coffee break: 9.40-10.08

6/. P3: Introduction of Program of Action (HIV/AIDS surveillance, Monitoring and Evaluation). 10.10-10.35

- Organization of M&E: Central, regional, provincial level
- Constraints:
 - The M&E system did not function in harmony, the tasks were not clear divided between different levels;

- Health workers were not aware of the importance of surveillance, thus did not invest sufficient time and effort in surveillance
- There has not been consistent reporting, information sharing system. Limited data quality.
- No HIV accredited laboratories in 14 provinces ;
- Insufficient human and financial resources for surveillance, M&E.
- Goals:
 - To provide accurate, timely and sufficient information to develop plans and policies for effective HIV prevention and control
 - To monitor and supervise comprehensively HIV prevention and control
 - To evaluate the effectiveness of the intervention, prevention, care and treatment activities of the national HIV program
- Specific Objectives: 8
- Solutions: 4
 - Organization
 - Technical resolutions
 - Strengthen management capacity
 - Strengthen resources
- Plan of actions
 - Activities to establish HIV/AIDS/STI surveillance and HIV monitoring and evaluation system from the central level to local level
 - Activities to complete the national guidelines for HIV/AIDS/STI surveillance, HIV monitoring and evaluation
 - Activities to unify the data of HIV/AIDS/STI surveillance, HIV monitoring and evaluation
 - Activities to ensure 100% province having accredited laboratories to do HIV confirmation
 - Activities to ensure 100% of HIV test to be performed accordingly to voluntary counselling and testing regulations. At least 100 VCT centers meet national standards by 2010
 - Activities to ensure 100% of sentinel provinces to collect enough sample sized of HIV/AIDS surveillance in 40 provinces and STI surveillance in 10 provinces; 100% provinces will have enough sample sizes in integrating sero-surveillance with behavioral surveillance program in 10 provinces.
 - Activities to conduct periodically census on national HIV prevention and control program
 - Activities to ensure 100% of provinces having capacity to monitor, evaluate and project HIV/AIDS/STI by 2010.
- Budget:
 - Need 30% (1,303 - 804 billions VND) of National HIV/AIDS program, of which 20% is to establish the M&E system, 10% is to maintain activities
- Road map:
 - 2006-2007: Establish and initiate the HIV/AIDS surveillance, program monitoring and evaluation system; Develop national guidelines as tools to

operate the system; Increase the investment in human and financial resources for the system; Conduct necessary pilot studies.

- 2008-2010: Implement monitoring and evaluation activities throughout the country; Conduct large scale evaluation studies; Evaluate activities of the program and propose recommendations for next steps.

7/. P4: M&E frame work and system: 10.35-10.55

- Structure of the M&E system
- Functions and tasks of the M&E system
 - To collect, manage and report data on all HIV/AIDS prevention and control activities within the allocated areas
 - National level
 - Regional level
 - Provincial level
 - District level
 - Commune level
 - National technical working group on HIV M&E

8/. P5: National HIV/AIDS indicators: 10.55-11.15

- Background for development
- Purpose of development of indicators
- National indicators: 54 indicators
 - Group 1: capacity, resources, monitoring and evaluation: 19 indicators, cover POA 4,9
 - Group 2: Prevention: 24 indicators, cover POA 1, 2, 7, 8
 - Group 3: Care and Treatment: 11 indicators, cover 3, 5, 6
- Next step
 - Develop methodology, questionnaires for collecting data
 - Collection baseline information of National M&E indicators
 - Set up Technical Group for National Surveillance
 - Set up and strengthen M&E system from central to provincial and distric level
 - Train for capacity building for M&E staffs at all level
 - Develop, pretest and finalize website and software for collecting and storage of national data
 - Analyze data and make comprehensive reports
 - Use information for developing plan, improve program and develop policy

9/. Lunch break

Day 1_Afternoon

10/. P6: Results from the 2006 Integrated Biological and Behavioral Survey (IBBS) in Viet Nam: 13.30- 14.08

- Objectives
- Methods:

- Respondent driven sampling, cluster sampling, take all
- Face to face interview on behavior + HIV test and STI test
- 4 risk groups (IDUs, SSWs, KSWs, MSMs) *200-400/site
- 7 provinces (Hanoi, Haiphong, Quang Ninh, Da Nang, HCMC, Can Tho, An Giang),
- HIV, STI and risk behavior results by population groups
 - IDUs:
 - HIV(+):13% (An Giang) to 66% (Hai Phong), except Danang 2%);
 - Syphilis (+): 0% (Hanoi, Quang Ninh) to 5.4% (Da Nang);
 - Sharing of N&S in past 6 months: 12-14% (Hanoi, Quang Ninh, Hai Phong) to 25-37% (Da nang, HCMC, Can Tho, An Giang)
 - FSWs
 - HIV(+): 5% (An giang) to 29% (Can Tho)
 - Syphilis : 0.3% (Can Tho) to 9.1% (HCMC)
 - Reported condom use during last sex with clients: >90% in all provinces with both one-time and regular clients
 -
 - MSMs
 - HIV(+) : 5.3% (HCMC) and 9.4% (Hanoi)
 - Any STI (syphilis, gonorrhea, chlamydia) : 15.9% (HCMC) and 22% (Hanoi)
- Evidence of intervention coverage
 - 20%-35% of FSWs, 6% - 40% of IDUs, 20%-24% of MSMs ever tested and knew HIV status
 - 56%-97% of IDUs not received free syringes in the past 6 months
 - 34%-82% of SSWs received condoms and risk behavior reduction materials in the past 6 months
- Conclusions and recommendations
- Limitations:
 - Sample representativeness: Individuals who had never been exposed to interventions likely refused survey participation at higher rates; This may have led to under-estimates of HIV and risks. Choice of seeds in RDS method may have led to unknown biased samples
 - Self-reports of some risk and preventive behaviors are likely biased
- Dissemination plans

11/. P7: Data utilization – HCMC example: 14.10-14.30

- Asia epidemic Model (AEM)
- Input for AEM modelling
- Estimation and projection of HIV/AIDS
- GOALS model
- Development of Scenarios linking GOALS and AEM
 - 4 scenarios: Separate focus on individual 3 targeted groups vs. focus on multiple target groups
 - Expected outcomes in different scenarios: new infection, prevention cost per infection case, saved cost for care and treatment

- Cost and impacts in different scenarios.
- Conclusion and recommendation
 - The best scenarios for HCMC: combined scenarios, 4 millions/year

12/. P8: Introduction of reporting system (decision 26/QD-BYT). Utilization of data from Reporting forms. 14.30-14.55

- Reporting forms:
 - Periodical reports: 3 months, 6 months, 9 months, 12 months. Forms No 1, 2, 3.
 - Form 1: commune level (8 tables)
 - Form 2: district level (17 tables)
 - Form 3: provincial level (25 tables)
 - Unscheduled reports
 - Technical reports

13/. Discussion: 15.15- 16.05

- USAID (Daniel Levitt): we need to answer key questions

- Are condoms available for SWs in 24h, at hotel, restaurants, karaoke bars?
- Is N&S available?
- Is VCT accessible?
- Are HIV programs changing the situation?

- Dr. Mai, Hai Phong city: Condom program in HP is good but not yet always available

- Dr. Dang Manh Ha, Son La province

In 1 year: detect >2000 HIV+, mainly males. We did not know HIV rate and condom use among wives of IDUs or imprisoned husbands. There were projects to provide N&S, condoms so it is available but as they are minorities, the utilization is not high.

- Dr. Kim Anh, Director of PAC Can Tho province

We cannot answer above questions. Doing M&E will provide opportunity to understand the situation and answer these questions. There are some constraints in implementing M&E work:

- High technical requirements: the forms are complicated and require university level. How local people, specially those in communes, districts with high school or college level of education can fill out the forms and thus how that data can be reliable?
 - Lack of equipment: computer, internet...
 - Lack of training: unique, complete package of training
- Dr. Tu Huy Chuong, Director of Health Department, Dong Nai province
- Besides regular risk groups (IDUs, FSWs, MSMs), need to pay attention to immigrant workers, army recruits, specially in industrial zones/provinces
 - Condom availability vs. issue of illegal activities (sex selling), thus need consensus among MOH, MPS, other ministries.
 - Resources (human, financial, equipment): need to be concentrated so can avoid a situation of both inadequacy and waste of resources.
 - Data is not reliable due to weak linkage among PAC, PPMC other health agencies.
 - Need to reidentify high risk groups

- For better implementation, need to integrate drug use and prostitutes with HIV prevention
- Need policy/regulation of cooperation between domestic and international health institutions/agencies
- Need to consider HIV is an epidemic so that to change thinking, awareness even among health workers as well as public.

- DFID

- From donor perspective: it is important to incorporate the national M&E framework to their project and know how to implement M&E framework

14/. P9: Use data for planning: Experiences of other countries: 16.05-16.28

- Example:
 - STI data and HIV prevalence
 - Prevention: availability of condom vs. attitude of condom use among FSWs and their client to inform modification of IEC program: change to “no condom, no sex”
 - VCT
 - PMTCT
 - ART: Thailand example
 - Care and Treatment: Malawi, India, Cape Town
- Lessons learnt:
 - Good data is a strong advocacy tool
 - Prioritize resource
 - M&E= learning by doing process for capacity building
 - Feeling of Good data= Motivate health workers to collect, analyze, report accurately
 - M&E is not for criticizing but for better planning and performance improvement

15/. P10. Data management cycle: Monitoring, Evaluation, Routine reporting, Surveillance. 16.30-16.55

- M&E cycle
 - Data collection
 - Data analysis and use at point of collection
 - Collation and synthesis of data at provincial and national levels
 - Reporting cycle- commune and district
 - Reporting cycle – provincial/ regional
 - Reporting cycle – national
- Next step
 - Identify best sources for each indicator
 - Define how the data will be collected
 - Identify responsible individuals/teams
 - Train
 - Collect data
 - Clean data
 - Report/feed forward to national level

- Data utilization
- Repeat

16/. P11. Data from Surveillance and Surveys: 16.55-17.05

- Surveillance system
 - HIV sentinel surveillance
 - STI sentinel surveillance
 - Behavioral surveillance survey
 - IBBS
- Surveys
 - VPAIS, WB household survey, WB behavioral survey in ethnic minorities in 11 provinces, ADB project behavioral survey in 5 provinces, survey assessment of VNese youth
- National core indicators collected through surveillance systems:
 - Group 1: 17, 18,
 - Group 2: 20, 21, 22, 23, 24, 25, 26, 27, 28, 29,
 - Group 3: 30, 34, 35, 36, 37, 38, 40

17/. P12. Routine Reporting in Vietnam Actual Data Collection, Analysis and Use: 17.05-17.20

- Limitations of routine reporting in the past
 - Flow of reporting was not followed as assigned in the protocol of HIV/AIDS surveillance.
 - At provincial level, data is not sent horizontally to the Provincial Sub-Committee for HIV/AIDS Surveillance.
 - Duplication of report of HIV positive cases because of parallel reporting and multiple visits to clinics in the province or other provinces for having HIV testing.
 - Collected information did not meet international requirement for reporting national HIV/AIDS program.
 - There has not been yet a proper foundation for planning.
 - HIV/AIDS data has not been used for planning effectively.
 - Lack of budget for monitoring and evaluation of HIV/AIDS.
- New routine reporting system
 - HIV/AIDS/STI case reporting
 - IEC and BCC
 - Harm reduction
 - Care and treatment
 - Surveillance and VCT
 - PMTCT
 - STI management and treatment
 - Blood safety
 - Capacity building, equipment, budget

18/. Summary of Day one conference by Prof. Duong Quoc Trong.

Day 2, January 31, 2007

D2_Morning

19/. Discussion session. 8.00-10.300

Participants divided into 3 groups to discuss the following:

- Setting up a M&E system at provincial level
 - What are the needs?
 - Who are key stakeholders?
 - How to work together?
 - Number of staff and qualification requirement?
- How can data be used effectively at the provincial level?
- What are the good points and difficulties when completing the reporting forms? If there are difficulties, what are they?
- How to overcome these difficulties? What support is needed for overcoming them from regional and national level?

20/. Coffee break. 10.30 – 11.00

21/. Presentation from 3 regional representatives. 11.00-11.40

- Representative of the North: Ninh binh province

Prof. Hien (NIHE) added:

- Constraint:
 - Human resource
 - Mechanism to report
 - Feed back from higher level on M&E staff
 - Means: computer, networking
 - M&E is specialized unit, responsible for M&E work, need to have authorized power
 - Need legal document on new full time staff, located in PAC
 - Cooperation with units inside and outside the health system
- Quality of data: poor and need to be improved
- Decision 26: need to be modified
- Cooperation with other sectors need to be strengthened
- Analysis of data: almost no analysis at province because poor quality of data,
- not yet using data for planing

- Representative of the Central and Highland: Khanh Hoa province

Prof. Dat (Tay Nguyen IHE) added: need to address following issues:

- Human resource: capacity, training, retraining
- Mechanism, policies, regulations
- Means: lab facilities, cars, computers
- Resource
- Integration
- Central: lack of staff, lack of support

- Representative of the Southern: HCMC

- Human resource: need of full time specialized staff:
 - province: 1-2 staff to collect and entry data, 2 staff to analyze data, 1 staff to responsible for informatic system to synthesize data; to analyze data (professional, financial data); a cooperating staff from related fields (care and treatment, ...)
 - district: a specialized staff on M&E in all districts. Need MOH to issue the
- Training and education
 - Basic training and Refresh straining
 - Priority to district staff
- Means
 - Computer and related tools
 - Softwares for archieving, synthesizing
 - Computer Networking
 - To link related field, organization, agencies
- Mechanism
 - M&E unit have power to collect data from all system, including those in and out of health system. Need MOH to legalize those issue
 - Mechanism to integrate, avoid overlapping tasks, functions, activities
 - With planning unit
 - With other project
 - With other programs
 - Principle of reporting to avoid overlapping: report only activities conducted by the agencies/organizations
- Other comments
 - Routine reporting forms at commune level: to be basic to collect, synthesizing data
 - Provide technical, surveillance support
 - Need to support laboratories
- Recommendations to MOH
 - To develop a sample model
 - To develop detailed roadmap, plans
 - In 2007: focus only on develop and strengthen M&E unit
 - Activities: maintain what is currently doing, should not receiving new job

Dr. Long (VAAC) added: need to

- Establish an unique M&E units, responsible for M&E in the whole province, fully authorized to collect data from all other project
- Further develop procedures, forms to report

22/. Closing. 11.40-11.52

- Summary of contents of the conference
- M&E is single, unified programs that monitor and evaluate the overall programs that conducted by all HIV programs, sectors, agencies

- Constraints: human resources, training, -> provinces need to justify and set up their provincial M&E units that are relevant to the province settings (personnel. Computer...)
- Legal documents: request province to implement these in the provinces
 - POA
 - Reporting forms (Decision 26)
 - Indicator framework: 54 indicators, implement in provinces based on their capacity
 - Standard procedures: VCT, training on M&E, updated reporting forms, monitoring, checklist
- Requests to provincial, regional health organizations and donors:
 - To develop training program to province
 - Regional institutes: M&E work
 - Project, donors to report their support plan,
- Thank you note: TWG to develop M&E materials, donors (WB, PEPFAR, CDC...) to support organizing the conference