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## LARGE-SCALE DEVELOPMENT PROJECT (from DKK 500,000 to 3 million)

<b>Project title:</b>		"Filling the Void" – Training Health Care Providers in Ho Chi Minh City, Hanoi, and Khanh Hoa in modern and evidence-based addiction treatment modalities	
Danish applicant organisation:		NGO Fontana	
Other Danish partner(s), if any:			
Local partner organisation(s):		HIV/AIDS Prevention Association (HAA) & The LIN Center for Community Development (LIN) - Associated Partners: HAAH Hanoi, HAAKA Khanh Hoa, Research Center for Management and Sustainable Development (MSD), Hanoi	
Country(-ies):		Vietnam	Country's GDP per capita: GNI: USD 890 (WB 2008)
Project commencement date: August 1. 2011		Project completion date: July 31. 2014	Number of months: 36 months
<b>Amount requested from the Project Fund: DKK 3.026.295</b>		<b>Annual cost level:</b> (Total amount requested divided by number of project years) <b>DKK 1.008.765</b>	
Is this a re-submission? (To the Project Fund, Mini-Project Fund or Danish Ministry of Foreign Affairs)?		<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes, previous date of application: April 14. 2011
Phasing – tick as appropriate: <input type="checkbox"/> A. Is this a new project that has not received previous support? <input checked="" type="checkbox"/> B. A new phase of a project that has previously been supported (by the Project Fund, Danida or others)? <input type="checkbox"/> C. First phase of a project with envisaged subsequent phases?			
<b>Synthesis</b>			
<p>Tilbagemeldingerne fra "Bridging the Gap" projektets mange seminarer og workshops med deltagere fra såvel det etablerede sundhedssystem som fra diverse selvhjælpsgrupper, civilsamfundsorganisationer og vietnamesiske not-for-profit organisationer (NPO) har været meget overbevisende.</p> <p>Hovedparten af deltagerne har tilkendegivet et stærkt ønske om at få et mere detaljeret og udvidet kendskab til brugen af moderne evidensbaserede behandlingsmetoder mod "kemisk" misbrug og afhængighed (narkotika &amp; alkohol), således at de kan forbedre eksisterende klinisk praksis samt udbygge netværket af lokale selvhjælpsgrupper.</p> <p>En række repræsentanter fra HAA's søsterorganisationer – HAAH i Hanoi og HAAKA i Khanh Hoa - har deltaget i programmet, og herfra er der udtrykt ønske om, at et sådant udvidet program også gøres tilgængeligt for personalet på misbrugs- og sundhedsklinikker i Hanoi og Khanh Hoa.</p> <p>Målet med dette program er at formidle viden om internationalt anerkendte teoretiske og praktiske tilgange til rådgivning og behandling af misbrug og afhængighed af narkotika og alkohol og give deltagerne flere færdigheder i brugen af samme med henblik på at forandre nuværende klinisk praksis i Misbrugsklinikker i Ho Chi Minh City, Hanoi og Khanh Hoa samt at drage omsorg for, at de vietnamesiske partnere har tilstrækkelig viden til at kunne fortsætte fortalervirksomheden efter projektperiodens afslutning.</p>			

Date: May 31. 2011

Person responsible (signature)

Place: Bagsværd

Preben Hansen, Chairman of the Board

Person responsible and position (block letters)



## 2. Application text

### Structure:

#### A. THE PARTNERS

**NGO Fontana** was formed in Denmark in 1998 as a membership-based, not-for-profit organization.

Based upon the principle “helping people help themselves”, the organization supports people affected by a dependency syndrome to improve their lives.

Through “CLUB24” activities in Denmark, NGO Fontana is functioning as a social and educational forum for people affected by or interested in the issues of chemical dependency.

One NGO Fontana Article states: *NGO Fontana will contribute to efforts against poverty and social rejection in developing countries, especially in the context of Abuse of Alcohol or other Drugs, HIV AIDS, Tuberculosis, Malaria and other poverty causing diseases.*

NGO Fontana has a number of members, including board members, who have several years of business and project experience from Vietnam and other developing countries.

This Project will benefit from the expertise of:

**Ragnar Jens Larusson:** Senior Addiction Counsellor. More than 30 years addiction counselling experience.

**Steffen Pedersen:** Danish Addiction Counsellor, CENAPS Instructor, and Counsellor in Advanced Rational Emotional Behaviour Therapy. More than 20 years counselling experience.

**Jørgen Maltesen:** Danish Addiction Counsellor, CENAPS Instructor, Certified Coach (ICF). More than 20 years counselling experience.

**Henriette Bjørnholt Schou:** Physiotherapist, SE-Therapist (trauma), CENAPS Instructor. More than 15 years counselling experience.

**Frits Raunstrup:** Former Chairman of the Board of the Danish Addiction Counsellor Academy. Project experience from Vietnam.

**Preben Hansen:** Chairman of NGO Fontana and more than 30 years experience from international commerce, and more than 20 years experience in project development and implementation with commercial, governmental and international organizations like UNHCR, UNDP, ECHO, Red Cross; Save the Children, Caritas etc., and 10 years in Vietnam.

**Steen Lindberg:** Medical Doctor and specialist in Addiction Treatment. Physician for several Danish treatment centres.

**Niels Jørn Lambertsen:** Addiction Counsellor with more than 20 years of experience.

**Pernille Hansen:** Secretary and Treasurer of the association. She is also part of the Danish administration of the projects in Vietnam. Furthermore working as a volunteer at DCAA in Denmark.

**Sten Mårtensson:** Part-time administrative project assistant in NGO Fontana’s administration of this Project. More than 40 years of experience in international trade, financing and project administration – especially in developing countries in Africa, the Middle East and the Far East.

**Frank Hansen:** Welfare Secretary and Addiction Counsellor. More than 15 years addiction counselling experience.

In recent years, NGO Fontana has extended its activities and collaboration with “Residential” and “Out Patient” Treatment Centers (Foundations) and Private Hospitals in Denmark, UK, Thailand, and Nämndemansgården in Sweden – all applying evidence-based treatment based upon the 12-step Treatment Model, Cognitive Behavioural Therapy, and Motivational Enhancement Therapy.

These Centers have treated more than 60.000 patients, family-members and relatives.

NGO Fontana has completed two Projects in the addiction arena in Vietnam and is in the process of implementing a third Project in this field, co-sponsored by Projektpuljen as well as a fourth - self financed follow-up project.

The NGO Fontana projects (Treatment Centers) in Vietnam have been visited and recognized by the National Institute on Drug Abuse, US (NIDA) and SAMHSA, The Substance Abuse and Mental Health Services Administration, US as “top of the pops” in Vietnam.

## **A.2 The Vietnamese Partner Organisations – History, Objectives and Experiences**

### **HIV/AIDS Prevention Association (HAA) – [www.haahcm.org](http://www.haahcm.org)**

HAA is a voluntary social organization for civilians and Vietnamese organizations working on HIV/AIDS issues and residing in Ho Chi Minh City. It was established in October 2008 with the goal to introduce new treatment methods in MoH health clinics. It also aims to unite and consolidate the efforts of individuals and organisations working on HIV/AIDS to achieve better cooperation, mutual help and assistance in order to contribute to the HCMC's fight against HIV/AIDS, as well as to protect and ensure the legitimate rights of PLWHA.

In 2003, Vietnam National Assembly decided by Resolution No. 16/2003 QH11 a Piloting Vocational Training and Job Placement Program for Recovering DU's (Drug Users) in 7 provinces including Ho Chi Minh City (HCMH), Ba Ria-Vung Tau, Quang Ninh, Tay Ninh, Long An, Binh Duong and Ha Noi - which expired on August 1st, 2008.

Following these pilot programs, the individual provinces are now organizing projects within their own provincial administration, and in Ho Chi Minh City the People's Committee has established HCMC AIDS Standing Bureau/Committee as the highest HIV/AIDS responsible institution.

HAA expressed an active interest in increasing their staff's knowledge and skills on addiction treatment to Fontana following the success of "Bridging the Gap". The "Bridging the Gap" project has provided partner organization staff with basic know-how and skills in modern evidence-based addiction treatment, domestic violence and mental illnesses, as well as performed advocacy activities - workshops and seminars - in Health Clinics and elsewhere in HCMC.

Members are professional individuals such as Healthcare Workers, Social Workers, Peer Educators, and People Living with HIV/AIDS, their relatives, and Voluntary Non-Profit Organizations, Unions (Youth-, Women-, etc.), and Self-Help Groups/Organizations of PLWHA

The Association is organized and operates according to regulations approved by the authorized governmental agencies and conform to Vietnam's Legal system. It has a Board of Management, its own budget and the necessary legal status, a stamp (very important in Vietnam) and own bank accounts. An establishment of a voluntary association of this size, importance and significance in Vietnam, which works with both HIV/AIDS and the very sensitive area of Addiction and Mental Health, requires - according to Vietnam's Laws - strict procedures, including the formation of a so-called Mobilizing Board.

The Association has its own head office and carries out a wide range of activities. The main role of the Mobilizing Board is to get approval from Ho Chi Minh City People's Committee and Ho Chi Minh Provincial AIDS Committee of individual members, charter, goals, areas of operation, scope of activities, and venue of the Association's meetings.

The Mobilizing Board is headed by Ms. Nguyen Thi Hoai Thu, President of HCMC AIDS Prevention Association (former member of the national Assembly), Dr. Truong Xuan Lieu, former Director of HCMC Health Department and now Vice Chairman of HCMC Provincial Aids Committee (PAC) and Vice President of HCMC AIDS Prevention Association and Ms Tran Thi Xuan Hai, General Secretary of HCMC AIDS Prevention Association. It consists also of 12/15 other members, who are representatives from PLWHA-organizations working on prevention, Youth- & Women's Union, representatives from organizations working on care and treatment, representatives from organizations and volunteer groups working on AIDS prevention and control.

HAA is headed by an Executive Board of 27 members and its Standing Committee consist of the President, Vice-President, General Secretary and other members, the number of which is decided and elected by the Executive Board. HAA also acts as co-partner and supervises more than 30 new Health Clinics servicing about 2000 HIV patients, of which 75 % are drug addicted, managed by HCMC Aids Committee with support from MOLISA, DOLISA, MOH, PAC, CDC and financial support and oversight from US sources like PEPFAR/FHI.

The HAA Health Clinics perform counselling and social functions making them "Health Drop-In Centers" operating as non-profit organizations in support of PLWHA and Drug Addicts. In an attempt to keep addicted HIV/AIDS clients in regular treatment, the Health Clinics and society struggle on a local ward and district level to establish self-help groups for addicted and addicted with HIV/AIDS to keep them away from their previous street culture.

HAA has so far established 11 HIV/AIDS Branches in District 1, District 3, District 4, District 8, and Binh Thanh District, 2 of which was established during the "New Beginning" project, and 4 new ones have been established during the "Bridging the Gap" project. These 6 Branches do now provide patients and families with HIV/AIDS and addiction information and counselling and conduct advocacy activities on ward and district level in HCMC.

There is a growing understanding that if nothing is done, inevitably, this stigmatized group will be lost for society and most of them will be back on the streets just "hanging out" and not participating in ordinary activities, such as youth activities, sports clubs etc.

In such a situation a relapse into narcotics, alcohol, prostitution and crime is very short.

HAA aims to provide these clients with knowledge, experiences and tools to actively participate in society, and learn to take responsibility for themselves and for others, in addition to giving them self-esteem and self-confidence thus enabling them to



seek steady employment which – at the moment - is very difficult, as they are exempted from normal vocational schools / training.

This work has recently led to a request to HAA from Health Clinics in HCMC and others for help in training and assistance to re-establish 72 “Out Patients Centers” and Self-Help Groups in line with the HAA/NGO Fontana model and standards.

On the grounds that NGO Fontana projects involve working in the very sensitive areas of Addiction and Mental Health, a special license is required and the programs and advocacy efforts have for that reason - right from the beginning – had the attention of Ho Chi Minh City AIDS Committee (HCMCAC).

HCMCAC, PAC, CDC, and FHI have been regular visitors to the various projects and participants in workshops and seminars.

HCMCAC and the HCMC AIDS Standing Bureau/Committee were in fact the authority recommending People’s Committee to grant NGO Fontana this special license, when we initiated the first project in 2006/2007 “Capacity Building of Binh Minh Addiction Treatment Center” and subsequently the 2nd project: “A New Beginning the Half-Way House”.

NGO Fontana has frequently visited and conducted information sessions at HIV/AIDS Clinics and Out Patient District Community Centers in Ho Chi Minh City and has developed close ties with Ho Chi Minh City HIV/AIDS Committee and HCMC AIDS Standing Bureau/Committee.

In 2008, when HIV/AIDS Prevention Association was established and appointed by HCMCHAC to promote new initiatives and establish new HIV/AIDS clinics in selected districts, the excellent relationship was naturally continued under the premises of this new Association, especially with Dr. Le Truong Giang - Standing Vice President of HCMC HIV/AIDS Committee - with whom NGO Fontana has particular close ties due to his special know-how about addiction in Vietnam.

Dr. Giang as well as the leaders of HAA are all deeply concerned about other problems originating from addiction, like domestic violence, abuse of children, and prostitution etc. and are working very hard for the Clinics, Health Centers, and the growing number of Mutual Aid Groups, who are struggling to be established at ward and district level, also to address these issues.

HAA has “sister organizations” in Hanoi (HAAH) and in Khanh Hoa (HAAKA), which operate under the umbrella of Vietnam HIV/AIDS Association and with the same charter and mandate as HAA.

Delegates from these organizations - Professor Pham Manh Hung and President DS Tran Man Em - have participated in the “Bridging the Gap” workshops, have been enthusiastic about the programs and wish to see it introduced also in Hanoi and Khanh Hoa.

HAAH and HAAKA have also participated in the workshops, which have prepared this project proposal.

HIV/AIDS Prevention Association, Hanoi (HAAH) and HIV/AIDS Prevention Association, Khanh Hoa (HAAKA) will participate in this project as associated partners.

### **The LIN Center for Community Development, LIN - [www.linvn.org](http://www.linvn.org)**

The LIN Center for Community Development (LIN) is a Vietnamese, non-governmental and not-for-profit organization, which was established as a result of pursuant to Decision Number 741/QDLHH, 26 May 2009 by the Vietnam Union of Science and Technology Associations and Registration Number A-840, 29 June 2009, by the Ministry of Science & Technology. **LIN was formed with a vision to make a difference by promoting equal opportunities for all members of Vietnamese society. Their mission is** to foster a culture of philanthropy and social responsibility in Vietnam while supporting local not-for-profit organizations by providing technical, management and financial support to help in their efforts to promote equal access to opportunities.

The Board consists of 14 voluntary board members from industry and commerce (9 at the Board of Governance and 5 at the Board of Advisors)

The LIN Center for Community Development was launched mid-2009, on the heels of Vietnam’s integration into the global economy. And, while the fundamental growth story for Vietnam has remained compelling, not all segments of the population are reaping the benefits of reform, growth and development.

As noted by H.E. Cao Viet Sinh, Deputy Minister of Planning and Investment, when interviewed about the Government’s 2011 to 2020 socio-economic development plan, currently in draft, the strategy will need to focus on providing for, “a more prosperous, democratic, equitable and civilized society for all Vietnamese people...”

Like the Deputy Minister, LIN supports a world in which globalization’s benefits are more widely shared and social, economic, health, and environmental challenges are more easily weathered. LIN supports work that enables individuals, communities, and organizations to access new tools, practices, resources, services, and products. By doing this, LIN seeks to enable better access to the promise of growth and progress.

**Highlights:** In 2010

- **NPO Capacity Building** – LIN held two workshops, each with about 60 representatives of local not-for-profit organizations (NPO), two technical trainings for ten participants each and LIN allocated eight grants for a combined value of over USD \$7,000. Meanwhile, LIN supported the due diligence and allocation of another six grants worth over USD \$10,200 and published a handbook for NPO partners.
- **Database of Skilled Volunteers** – Anticipating the challenge of introducing a new kind of volunteer program, LIN focused its efforts in 2009 on building awareness and understanding about what it means to be a skilled volunteer through an online volunteer orientation and regular meetings with prospective volunteers. By the end of the year, over 100 applications were received and 43 volunteers engaged to LIN and/or one of our NPO partners.
- **Donor Support Services** – In November, LIN launched two donors clubs to promote and support thoughtful giving. To date, the 38 members of these clubs, include both experienced and first time donors representing varied professional backgrounds, have each met three times and raised a combined total of VND 14.6 million, so far, which will go towards a community initiative of their choosing.
- **New Research** – In December, LIN disseminated a report on Corporate Philanthropy in HCMC, which was based on findings from primary and secondary research. The report identifies giving trends and best practices to fill a growing information void.
- **Fundraising for LIN** – Thanks to a solid group of forward thinking, generous individuals, companies and international organizations, LIN raised nearly USD 45,000 to support various programs.
- **Communicating with Stakeholders** – LIN has introduced a website, a monthly newsletter and engaged in social media networks to raise awareness to the cause and to promote open communication with stakeholders.

**The Research Centre for Management and Sustainable Development (MSD) - [www.msdvietnam.org](http://www.msdvietnam.org)** - a partner organization to LIN, was established in Hanoi in 2010. MSD is a non-governmental organization aiming to create a strong and effective NGO and civil society sector, which respond and protect the needs of the Vietnamese community. MSD has a board of Governance consisting of four Vietnamese members, whose experience in the work of developing, building capacity and managing organization, managing state, willing to devote to development work is substantial. MSDs main objectives are:

1. Adding values, networking and supporting Vietnamese CSOs and AMEs towards developing effectiveness
2. Improving the sustainable life quality for Vietnamese disadvantaged communities
3. Building coalition for Government, Enterprises and development of Civil Society Organizations for social development.

MSD has a number of foci including;

1. Capacity building of CSOs, which sees strategies such as management and development toward sustainability. It also plays as bridge among CSOs, government and enterprise for mutual support and development.
2. Environmental protection, dedicated to raise community awareness on climate change and promoting ecological and economical production and consumption of SMEs.
3. SME (small and medium enterprises) and social enterprise development, by focusing on supporting the start-up and development of small enterprises and links them to social programs and organizations.
4. Community development & philanthropy, by empowering community in achieving an improved and sustainable lifestyle by focusing on alleviating poverty, promoting social equality and rights.

MSD has received funding from a number of international donors in the past year. Their work on advocacy was funded by JIFF (Justice Initiatives Fund- a partnership funding between Denmark, Sweden and EU), whilst other projects were funded by UNDP and the Australian embassy. Amongst recent project work is the development of models and handbooks for advocacy works for Vietnamese Civil Society Organizations, developing standards for VUSTA and its members (CSOs), and organizing the National Consultation on developing CSO effectiveness. Their role in this project will be to act as an associate partner and will actively participate in the planning and execution of all activities in Hanoi and Khanh Hoa.

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## **B. PROJECT ANALYSIS**

### **The National Context**

A series of important changes took place in Vietnam during the last century, where two wars lasting continuously for more than 50 years seriously undermined the country's economic development.

In order to keep pace with the rapidly changing global environment, in the mid-1950s, Vietnam began a transition from agrarian-based, which had lasted for thousands of years, to a centrally planned economy with a socialist orientation. A second shift occurred at the end of the 1980s when Vietnam began to transform its economy to a market orientation – the “Open Policy” – although the government maintains links to the ruling Communist Party and continues to play a substantial role in economic development.

The most recent evolution has brought with it important economic achievements, but also challenges. For example, the Open Policy has increased Vietnam's participation in regional and global economic development and has provided new opportunities for cultural exchange with the outside world, a process that has profoundly changed the value systems, traditional norms and lifestyles of the Vietnamese people. Illegal drug use, prostitution, and substantial increase in alcohol consumption are problems that have emerged out of this context of rapid social change.

Vietnam's HIV response is particularly focused on injecting drug use (IDU) because IDU and HIV prevalence are inextricably linked, but there is an emerging understanding also about the connection between alcohol abuse and HIV, domestic violence, neglected children etc. The HIV epidemic is still in the concentrated phase in Vietnam, meaning the majority of cases are found among IDU's, sex workers and MSM. Transmission occurs mainly through needle exchange practices, and the number of HIV cases doubled from 2000 to 2005 according to UNAIDS. PLWHA are also subject to stigma and discrimination, and doubly so when a person belongs to a high-risk population (IDU, SW, MSM).

Addiction in this context is closely linked to development problems such as poverty, unemployment, homelessness, and lack of sustainable livelihoods, exploitation, inadequate education and repression, stigma and legal, ethical and human rights issues. In Vietnam today, the use of illicit drugs – and prostitution are considered to be “social evils” that bring negative consequences to society, and this belief is institutionalized in the official government policy, as this excerpt from a decree entitled “Eradication of Drugs and Prostitution” illustrates:

*“Prostitution and drugs are social evils against the moral and traditional customs and habits of the nation, which bring negative influences on the health, offspring, material and spiritual life of the people and social security, which can cause serious consequences for subsequent generations. All forms of the social evils should be prevented and violating persons should be severely punished”.*

Perceiving and treating drugs abusers as a “species apart” reinforces a sense of moral superiority, but it is unproductive and indefensible, as anyone potentially could become a drug user, alcohol abuser or find him or herself the parent, partner, child, colleague or friend of a user. Stigmatizing and marginalizing has detrimental effects on substance abusers, leaving them alienated, fearful, and out of touch with the support and services they most need. This is especially the case when addicts are women, since the stigma and vulnerability they face is worse, and are usually not supported by their families, who - generally – also are negatively impacted and often frustrated, exhausted and poor.

As drug use is prohibited in Vietnam, the government employs tough measures against drug use. The government and donors have tended to shy away from this area and been reluctant to fund programs targeting addicts, who are regularly subject to human rights violations, and despite their numbers and vulnerability, constitute a low priority in terms of their health and welfare. They are periodically arrested and placed in government treatment and rehabilitation centres run by the Ministry of Labour, Invalids and Social Affairs (MOLISA) - first drug offense is 1 year and if relapse the stay can be extended to anything from 2 to 5 years. Vietnam does not adhere to international fair trial standards and imposes the death penalty for some offences, including manufacturing, concealing and trafficking narcotics. The “06 centers” – and the remaining “05 centers” for women apply a disciplinary and punitive response to drug addiction, and while they have been politically popular, they have not succeeded in providing effective drug addiction treatment, aftercare and recovering services. According to MOLISA more than 90 % relapse within 18 months of release, and they return to old practices, including needle sharing and unsafe sex - in reality more than 95 % of the relapses occur within the first 6 months. These centers are likened to prisons and provide a high risk setting whereby increased needle exchange and unsafe sex practices take place among those detained, thus, existing programs towards drugs use are not effective.

There is no reliable data on the prevalence of alcoholism (alcohol addiction) in Vietnam, but there seems to be a general consensus that the figure is between 4 and 5 million people. Approximately 15% of the adult population (16 years +) is estimated to be alcohol abusers (“too much too frequently”). Alcohol is increasingly responsible for student “drop-out” among adolescents, unemployment, domestic violence, child abuse, traffic accidents, and poverty. Alcohol consumption is sharply on the rise with a projected increase of 50% annually, indicating that Vietnam could see a pervasive problem in the not too distant future.

In recent years, drugs control in Vietnam has been placed under the leadership of the “Government and National Committee for AIDS, Drugs and Prostitution” and MOLISA - Ministry of Labour Invalid and Social Affairs. A number of practical measures, such as improved and specified organizational and legal systems, have been worked out and put under way, and action plans and programs have been developed into the National Target Programs and received budgetary priorities by the Government.

Still, the developments of the drugs menace in Vietnam remains serious and complicated, posing multi-faceted threats to social cohesion and safety.

## Project Preparation

The Vietnamese Government is now beginning to focus on the longer-term challenges of institutional reforms (Vietnam Development Report – VDR), realizing that institutions, the rules by which society and its constituents interact, is the key factor that will determine how Vietnam develops in the longer term. Citizens increasingly call for more efficient and transparent delivery of services for all, not only for those who can afford them.

In this context, emerging civil society organizations – like HAA and LIN - involved in providing services to the population, particularly in health and education, have been given increased autonomy to perform those functions on their own.

Most recently this process has continued, with further delegation of authority to service delivery units and deepened “socialization” of service delivery, allowing the engagement of more non-state actors and even granting preferential policies to non-state providers. This project supports selected organizations that subsequently will be responsible for the education and

training of other health care providers, thus building further capacity in Vietnam in such a way that ultimately also the Government run treatment and rehabilitation centers will provide services in line with good international practice.

The project is an expansion in scope and geography of the small project: “Bridging the Gap” - promoting evidence-based addiction treatment among health care professionals in Ho Chi Minh City – which has been a huge success where the partners have gained new knowledge and insights.

1680 people have participated in the different programs - 313 in the Primary and Follow-Up Courses and the participants have been asked to fill in an anonymous questionnaire, including wishes for follow-up needs. All responses have demonstrated a keen interest in acquiring a more in depth understanding of the issues and much more know-how about how to use the program in addiction and co-addiction treatment and counselling. The HIV/AIDS Prevention Association’s (HAA) advocacy efforts has sparked a profound interest among participants in further developing their understanding of the concepts behind evidence-based treatment modalities, as well as receiving practical support in developing tools in order to adapt current clinical practices to theory. **The HAA association has, after the finishing of the project, continued the courses and has in the months following the project conducted 8 workshops with 30 to 50 participants in each.**

Both outputs and outcomes of “Bridging the Gap” have **exceeded planned expectations by far**, and participants now realize that many other mental illnesses and dysfunctions in the families are related to addiction. But, it is evident that a larger and broader impact of the application of modern and evidence-based alcohol and drugs counselling and treatment will require continued collaborative efforts and capacitating of a much larger network of practitioners.

HAA, HAAH, and HAAKA are trailing the HIV pandemic and are constantly looking for ways to improve staff working skills and capacities, but in the addiction disciplines they are overworked and understaffed.

However, through the “Bridging the Gap” project, they have realized that a huge potential exists in recruiting and training returning addicts as Peer Educators and Outreach Workers. That will provide job opportunities for recovering addicts who - due to stigma and discrimination - have difficulties attending normal vocational schools and training, and substantially increase probability for a successful recovery and employment for a group of people, who normally relapse.

The outline for this expanded program, including its focus and activities has been jointly developed and discussed in a number of workshops following an assessment of results achieved during the “Bridging the Gap” program.

The “Training the Trainer’s” Program (**for details kindly see annex 6**) was developed based on lessons learnt from current programs, feed-back from participants, inputs from HAA on learning capacity and learning needs amongst target groups in this project, and expert contributions from NGO Fontana on requirements to take knowledge and skills to “the next level”.

“Clinical Practicum – On-The-Job-Training” (**for details kindly see Annex 7**) is based upon a needs assessment performed by HAA in the HAA operated HIV/AIDS Branches and related Out Patient Centers, supported by expert contributions from NGO Fontana on requirements for establishing modern and evidence-based clinical practices.

## Problem Analysis

-High number (and rising) of addicts. Official statistics state that the number of recorded drug addicts nationwide was 146,731 of which the number of injecting heroin users account for 83.1% at the end of 2009. There is a general consensus though, that the actual number of drugs addicts is closer to 250,000 of which around 75,000 are living in Ho Chi Minh City along with 400-500,000 alcohol abusers.

-Ineffective treatment & lack of skills. Alcohol and drug addiction is a disease of the brain and must therefore be addressed as a mental health issue. However, mental health is a fairly new discipline in Vietnam and experience is limited. There are currently very few professional drug counsellors in the whole country. So far, Vietnam does not have adequate and updated knowledge among local groups. Skills and capacity to deal with mental health issue and addiction is not considered to be a mental issue despite all international research and evidence. However, there is little training available for any local workers. Neither the judicial system nor the emerging drug treatment system (as almost all members of the workforces involved, through criminal justice or through health), have received any formal or relevant training in alcohol and drugs treatment.

-Very little recognition of alcohol as a significant public or personal health problem in Vietnam, nor any great recognition of - or ability to address mental health issues where these underlie or compound drug and alcohol related problems. With the growth of alternative approaches (besides incarceration) to problematic drugs use, there is an urgent need in Vietnam to build local capacity for training workers in the addiction treatment systems in how to deal with drug and alcohol issues

The official programme launched by HCMC HIV/AIDS Committee (HCMCHAC) (which, in fact, are only guidelines or plans plotted out by the Authorities) related to HIV/AIDS prevention, treatment and vocational training in HCMC currently being implemented in cooperation with Family Health International (FHI) and HCMC AIDS Standing Bureau/ Prevention Committee, HCMC PAC, and HCMC CDC includes access to HIV prevention, care and treatment, substance counselling, and relapse prevention interventions for drug offenders, who are released from drug rehabilitation centers (“06-Centers”) and returning to HCMC. However, the programs suffer from extremely poor results. This is mostly due to the fact that health care staff focuses on HIV/AIDS treatment (ARV) but has practically no experience regarding addicts and mental health patients. In particular



Addiction is a chronic brain disease mainly determined by genetics and environmental factors (**see: Annex 5**), but this has not prevented addicts from being stigmatized and female addicts from being doubly stigmatized. Addiction cannot be cured, but it can be treated.

Our project work in Vietnam ("Capacity Building of Binh Minh Addiction Treatment Center", "A New Beginning – the Half-Way House" – and "Bridging the Gap" – co-sponsored by Projektpuljen) has delivered positive initial results and impacts among partner organizations, decision makers as well as program participants, to the point where all have acquired basic knowledge about the nature of addiction and skills to communicate the messages. Furthermore, some have received advanced learning.

#### Ad. "Capacity Building of Binh Minh Addiction Treatment Center"

- All staff (37 persons) at Binh Minh Addiction Treatment Center trained in the 12-Step approach to treatment of alcohol and drug addiction, and treatment capacity has been increased from 240 to 675 patients per year
- New programs important to the implementation of a full-fledge 12-Step Treatment Center introduced
- Vietnamese manuals on how to organize, operate and staff a modern 12-Step Facilitation Center developed and disseminated
- Partners have participated in networking groups and seminars and are now members of two important policy groups: "The Harm Reduction Sub-Working Group" and "The 05-06 Center Collaboration Group"
- Documentation and statistics on treatment results implemented
- Press releases and media coverage
  - 3 newspaper articles published
  - 1 TV transmission

Today, Binh Minh is the first addiction treatment center in Vietnam that operates according to a modern and evidence-based treatment regime.

#### Ad. "A New Beginning – the Half-Way House"

- 325 patients have completed the treatment/rehabilitation program
  - 39% or 127 men and women are clean and sober compared to national treatment regime with a recovering rate between 2 and 5%
  - Most are in ordinary employment or taking care of a small family business and reunited with their family, however about 25 persons from this group are now employed with BM or in the HWH as guards or activity workers
  - All participate in various self-help-groups and are "role models"
- 735 family members have participated in 69 family informational sessions
- 34 Treatment Center Professionals have been educated and trained in 12-Step facilitation
- 7 recovering addicts – who completed the Half-Way House Program – demonstrated interest, aptitude and skills and have been educated and trained as Assistant 12-Step Counsellors
  - All have been employed as Counsellors at various treatment centres
- Key persons have been exposed to the principles of the 12-Step Program
  - 337 practitioners
  - 73 "like-minded" organizations
  - 155 politicians and decision makers
- 4 Networking Meetings have been held in Hanoi and 5 in Ho Chi Minh City
- 2 Policy Conferences have been unrolled with more than 200 participants (politicians, civil servants, social workers, foreign and local NGOs, etc.)
- 2 articles published in national magazines
- 1 articles published in professional journal
- 2 television appearances in national TV
- Treatment manuals, brochures and pamphlets printed and distributed

The Half-Way House was transferred to LANG Binh Minh Treatment Center/LANG Binh Minh HIV/AIDS Prevention Union Branch in September this year. Thus, BM now offers a full range of evidence-based services to their patients (detoxification, primary care, extended primary and care, case management, vocational training opportunities, family counselling, etc.)

Drugs treatment in the Half-Way House is now managed by 5 recovering addicts who have been trained as Assistant Vietnamese Counsellors during the project.

#### Ad. "Bridging the Gap"

"Bridging the Gap" is a small project, which **was** concluded on Feb. 28. 2011, specifically aimed at introducing the 12-Step Treatment Program to HAA HIV/AIDS Branches and the related Out Patients Centers/Self-Help Groups/Mutual Aid Groups (MAG) in Ho Chi Minh City through basic education/teaching and training of Clinic staff.



The advocacy component of the project has benefited from the treatment approaches implemented and results achieved at the HWH, as they have demonstrated to the audiences that modern and evidence-based counselling and treatment works.

All project targets were exceeded.

- **31** Managing Personal and HIV/AIDS Counsellors at HAA, HAA HIV/AIDS Branches and the related “Out Patients Centers” have graduated as “Out Patient Assistant Addiction Treatment Counsellors” and received a Diploma (Project target: 20)
- **28** Health Care Personal and Case Managers have graduated as “Out Patient Addiction Treatment Assistants” and received a Diploma
- **241** “Peer Educators” (other professional and voluntary staff with HAA Out Patient Centers, and the major Health Clinics servicing HIV/AIDS and addiction clients) have participated in the introduction courses re. the disease concept, co-existing mental health problems, case management, health care provisions, relapse prevention, etc.
- All participants have been introduced to addiction as a family disease and issues typically facing the families
- **13** Vietnamese Assistant 12-Step Counsellors – trained during the last project – and key staff from HIV/AIDS Prevention Association (HAA) Head Office have conducted the planning process, production of deliverables and the execution of the sessions of the joint HAA/NGO Fontana programs
- **44** Public Events have been conducted with **1.367** participants – among those 36 professionals from HAA’s “sister organizations” in Hanoi (HAAH) and Khanh Hoa (HAAKA)
- The staff of HAA, the Vietnamese Assistant Counsellors, and patients in treatment and recovery have produced 4 documentary DVD promotion movies describing “the life of an addict before, during and after treatment”
- **2 newspaper articles and 2 interviews in lifestyle magazines published**

**11** new HIV/AIDS Branches/Clinics and **13** new Out Patients Centers/Self-Help Groups/Mutual Aid Groups (MAG) have been established in Ho Chi Minh City as a result of these three projects.

Also, HAA has opened a HIV/AIDS Branch at Duc Thanh Tam Addiction Treatment, 461 Binh Quoi, Ward 28, Binh Thanh District, HCMC. This treatment center has decided to apply 12-Step facilitation and is now receiving training from HAA staff. [www.ducthanhtam.com](http://www.ducthanhtam.com)

The “bottom-up” strategy applied in Vietnam, which has established a modern approach to drugs treatment (The Binh Minh Treatment Center and the Half-Way House) - a practical hands-on demonstration of what can be achieved - and subsequently “Bridging the Gap” has been an “eye-opener” to a multitude of civil society actors, decision makers, health care providers, and practitioners that there is “another way” besides incarceration, and that this new approach is both cost effective and results in substantially higher recovery rates.

However, Sothern Partners and Civil Society Actors will need a more in depth understanding of science based addiction concepts and methodologies in order to build and consolidate skills with practitioners at a provincial and national level – advocating and pushing for changes in current approaches to addiction counselling and treatment.

Together with the key civil society actors HAA, HAAH, KAAKA, LIN, and MSD the partners have a unique platform for further expanding advocacy efforts that will provide an in-depth understanding of good drugs counselling and treatment practices.

## Stakeholder analysis

Apart from directly targeted staff from HAA, HAA HIV/AIDS Branches and related Mutual Aid Groups (MAG) as well as HIV/AIDS Health Clinics (HAHC) and related Out-Patient Centers (OPC) selected by HAA and LIN, the project strategy is a multi-faceted networking approach also encompassing a multitude of other stakeholders involved directly and indirectly with the project. In order to distinguish between the different groups of stakeholders, we will categorize them based on the following roles:

- Implementers
- Beneficiaries
- Civil Society
- Financing Agents
- Workplace & Industry (CSR)

Although the main objective of the project is capacitating these organizations, the project also reaches out with awareness raising information sessions and training of a number of other stakeholders. This creates plenty of overlapping in being an implementer and a beneficiary.

### Implementers - the vehicles for “Filling the Void”:

*All stakeholders will make their own contributions and inputs to the project in order to secure commitment and utilize their experiences*

- NGO Fontana and HAA: *will be the primary implementers of the project, providing capacity building to other implementers. The primary movers in the project will be the Project Advisory Board consisting of one member of HAA Mobilizing Board, the Chairman of NGO Fontana and one member from the Executive Director Board of LIN as well as two members elected by the project staff.*

- HAA staff previously trained as part of “Bridging the Gap”: *HAA staff-members have shown commitment to this project. They have acquired the capacity to serve as direct implementers of the project through raising awareness in their own localities. Some have demonstrated capacity to advance advocacy efforts. All have shown the willingness and commitment to continue disseminating skills and learning after project closure, aiming to become resource centers on modern and evidence-based addiction facilitation in their respective areas. HAA’s strength as implementer revolves around the sustainability of the project. All of the clinics/centers where they conduct service and training together with PAC, CDC, HCMCHAC and FHI (a total of about 36 Health Clinics and 72 related Out patient Centers - OPC just around HCMC) have already been established and new ones – in the form of MAGs are currently under way as a consequence of “Bridging the Gap”. The target is to re-organize most of them in line with the HAA/NGO Fontana/MAG model. Thus, aside from technical capacity building for advocacy and recovery management for Drug/Alcohol addicted HIV/Aids patients, this project builds a more comprehensive capacitation of these clinics/centers, in order to sustain recovery/rehabilitation programs within the official healthcare system.*
- The NPO partner LIN: *was invited to join the project as they have provided assistance to the previous project “Bridging the Gap”, such as mobilizing staff, building networks and introducing patients into treatment via other Vietnamese NPOs. Furthermore, they are a natural and worthy team player with extensive knowledge on fundraising and strong interest in further developing CSR in Vietnam. LIN has a strong network and many relations to Vietnamese industry and commerce, NPOs and grass root movements, who they will influence through “Drug and Alcohol Awareness Programs” which will be developed as part of this project. Many ODAs and Embassies (incl. the Danish) supporting B2B-programs make it compulsory to establish HIV/AIDS awareness groups and LIN will in this project promote a combined “HIV/AIDS Awareness and Drugs and Alcohol Free Workplace Program” to companies. LIN believes that such a program could be income generating and self sustained in the long run.*
- The staff from the additional HAHC-OPCs to be trained in the new project: *These new clinics will be identified based on their location and coverage, as well as on the criteria developed as an output of the “Bridging the Gap” project. These staff-members will act as champions in clinic/center settings and will be annexed into the advocacy activity of the project.*
- Local Government Units (LGU): *Includes People’s Committee, HCMC HIV/AIDS Standing Committee, local legislators as well as local government line agencies/departments like those from law enforcement, social welfare, hospitals, etc. This group is important since they are the ones mandated to handle rehabilitation of drug/alcohol addicted HIV/AIDS patients (like police, social welfare, CDC, hospitals). They influence the direction of local government units to accept or reject introduction and implementation of new and innovative approaches to drug/alcohol addiction treatment. Often, the risk is that many local government units could be personality driven. However, HAA is part of the LGU-network, thus constitutes a strong and influential platform from which to execute local government institutional advocacy. The Southern partners could form a strong local network with all LGUs to address all facets of drug/alcohol addiction treatment as part of HIV/Aids rehabilitation, utilizing resources from the local authorities themselves.*
- National Government Units: *Includes MOLISA, DOLISA, Ministry of Healthy, Ministry of The Interior (incl. national police force). As mentioned above, we see a range of openings and new opportunities based on the experiences gained from the LGU-advocacy efforts. The outcome of said efforts could be used to influence national policies as a result.*

#### **Beneficiaries - the target groups for the implementers:**

- HIV/AIDS Health Clinics and Out-Patient Centers (HAHC-OPC) in HCMC as well as Hanoi and Khanh Hoa, *HQ-staff, Social workers, Medical Doctors, Nurses, Peer Educators and Security Personal are the target audiences of this project. They are the practitioners of treatment and rehabilitation in the clinical setting. As advocacy will be coming also from this group, it is imperative that the implementers manage to effectively network with those beneficiaries.*
- Other national and international NGOs and Donors active in the fields of addiction and HIV/AIDS: *These stakeholders include CARE International, Vietnam, Family Health International (FHI), the UN Office of Drugs and Crime (UNODC), the United States Agency for International Development (USAID), and the World Bank (WB), the HIV/AIDS Technical Working Group, The Harm Reduction Subgroup, The 05-06 Centers Subgroup and will be invited and are expected to participate in advocacy sessions in the same way as was the case during “Bridging the Gap” with the purpose of either capacitating them to embark on their own advocacy or seek help from the Southern partners resource centers to advocate for and implement evidence-based drug- and alcohol treatment as part of their HIV/AIDS rehabilitation program, thus further sustaining the long-term objectives of the project. The Southern Partners HAA, HAAH, HAAKA, LIN and MSD are fairly new, but important and influential civil society organizations that have been allowed to be established and operate with the aim of testing and implementing new and advanced approaches in Vietnam.*

#### **Civil Society**

- Emerging and established Civil Society organizations create demand for new approaches: *The dissemination of accurate information about addiction among several emerging new civil society organizations that have been established at the fringe or outside the framework of the party and the state, typically organized under the Vietnam Union of Science and Technology Association (VUSTA); in total 114 different associations combining service delivery, innovation, advocacy and empowerment, and the traditional socio-political mass organizations organized under the Vietnam Fatherland Front, i.e. the Youth Union and particularly Women’s Union will eventually create a demand for another approach to drugs counselling and treatment, domestic violence, child abuse, and mental health treatment –*



issues that are closely linked to addiction and substance abuse, and it is likely that the partner initiatives could create a "snow ball effect".

- Church groups/church affiliated groups: *Groups like these exert informal influence over communities, and if lightly tapped, can be great local allies in influencing local structures in order to take the issues of drug/alcohol addiction treatment seriously. As with any other religious-based organizations, caution must be taken when approaching them on subjects such as Addiction and HIV/AIDS rehabilitation. However, several church organizations are already actively dealing with these issues, and LIN and NGO Fontana have close relations to Catholic Relief Services (CRS) and the Committee of Pastoral Care for People Living with HIV/AIDS and other likeminded organizations thus facilitating an open dialogue.*
- Several thousands Drug and Alcohol Addicts with or without HIV/AIDS, including their relatives and families *will be reached by the different partners and implementers involved in this project.*

#### **Financing agents:**

- NGO Fontana: *With funding from the Project Fund, supplemented with private funding, NGO Fontana will be the primary financing agent in the project. NGO Fontana has been part of the strategic planning of this project and supports the long term objectives of the activities in the Vietnam.*
- Other donors: *ScanCom, Vietnam, Domus Medica Vietnam Ltd, EuroCare Denmark Ltd, three long-term financing partners and one new Viking Rubber, Vietnam of NGO Fontana, have participated in the financial strategic discussions and support the project and its financial strategies and commitments. Both have agreed on financing other parts of NGO Fontana's activities in support of the project. Other donors will be approached – both by LIN Center, MSD, and NGO Fontana - in order to explore long-term funding opportunities.*

## **C. PROJECT DESCRIPTION**

### **Target group: women and men**

The training programs will target 430+ females and 300 + males

- 30 Recovering addicts & co-addicts (specialist educators and trainers)
- 200 Health Clinic Professionals
- 500 Health Clinic Staff at 72 Out Patient Centers mainly from Ho Chi Minh City, some from Hanoi and Khanh Hoa

Participants will be recruited from HAA Head Office, 11 HAA HIV/AIDS Branches, 13 related Mutual Aid Groups (MAG), 41 HIV/AIDS Health Clinics (Ho Chi Minh City, Hanoi, and Khanh Hoa) and 72 related Out Patients Centers (OPC)

The resulting specialized skills will benefit 5000+ drug addicts and alcohol abusers through improved services and outcomes.

### **Objectives and indicators**

The project aims to support HAA, HAAH, HAAKA, new civil society organizations (CSOs) and MAGs by providing advanced skills and build workforce capacity in Ho Chi Minh City, Hanoi and Khanh Hoa through the development of accredited training courses in partner organizations, which will lead to increased workforce capability, that should contribute to the provision of more effective drug addiction counselling and treatment, and the understanding that addiction is a mental and potentially fatal disease that needs treatment from well educated counsellors.

This will require a substantial input of know-how, teaching and training from international experts as mental health issues are largely neglected and unchartered in Vietnam. For the same reason major technical support for the introduction of new strategies, policies and programs to effectively deal with drugs use will be provided. In Europe and the US a certification as Addiction Counsellor requires between 2 to 3 years of theoretical education and practicum, so although 30 staff - during the prior projects - have acquired a good knowledge and understanding, further efforts are needed to take them "to the next level".

The courses will improve the effectiveness and quality of services by ensuring that addiction treatment is built upon evidence-based practices and provided by experienced and appropriately qualified Vietnamese staff that – during the project - will train practitioners and expose policy makers to new and effective programs for tackling addiction.

Improved treatment outcomes will have a direct effect on the Government's goal of strengthening responses to the increasingly negative impact of illicit drugs. Likewise, effective addiction treatment will hugely benefit HIV prevalence, prevent STD (sexually transmitted diseases), hepatitis B + C and tuberculosis and eventually enable a better environment for HIV prevention and disease control among drugs users. It is worth noting that 75% of HIV transmission in Vietnam occurs via needle sharing, as opposed to unprotected sex. Therefore, effective treatment of addicts has the potential of greatly reducing HIV prevalence in the country.

Additionally the project will embark on CSR activities ("Drug & Alcohol Free Workplace Programs") among Scandinavian, International and Vietnamese enterprises.

**In the context of the project LIN and MSD staff will be trained in CSR and CSR advocacy to qualify them to carry forward CSR activities following project closure.**

In Ho Chi Minh City, the 200 health care professionals, who during prior projects (particularly the “Bridging the Gap” program), have already or will be exposed to the basic principles of modern and evidence-based addiction treatment, will acquire advanced skills to allow for 31 Health Clinics in HCMC to practice a new modus in clinical settings.

The project has three strategic objectives

1. Qualify additional recovering addicts and co-addicts as teachers and trainers in modern addiction counselling and treatment
2. Build capacity with key personnel in partner organizations and their co-operating partners to adapt current clinical practices to modern and evidence-based standards
3. Provide NPO and new CSO (civil society partner organizations) with knowledge and skills to organize and expand **the establishment of MAGs on district level as well as organizing and expanding** lobby and advocacy efforts, also involving CSR

The project will capitalize on knowledge and skills already achieved among partners and practitioners during past project work by taking selected participants from prior projects and a new group of practitioners to “an expert level” in order for them to be able to advocate, teach and train new cadres in modern and evidence-based addiction facilitation.

Annexes 1A & 1B in separate letter to PRNGO, Feb. 10. 2011, illustrate the level of learning accomplished through past project work and the additional knowledge and skills training from this project that will qualify participants as professional practitioners and advocates for science based addiction facilitation and enable them to expand and consolidate the efforts on a larger scale.

Upon completion of the programs, participants will be qualified to

- Perform drug relapse prevention
  - Understand and negotiate solutions to drug craving
  - Relapse triggers
  - Family and social support issues
- Conduct family support programs at Clinic level
  - Understand the link between addiction, neglected children, and domestic violence
  - Understand special women’s issues that need to be addressed in treatment
  - Understand the nature of co-addiction
- Engage in CSR advocacy
  - Drugs at the work place (“Drug & Alcohol Free Workplace”)
  - Conduct combined HIV/AIDS - Drug/Alcohol Courses for staff in companies

The program will enable the project partners in developing and disseminating guidelines on evidence-based counselling and provide management and technical support, to multiple partners engaged in addiction treatment and counselling.

Key indicators are:

- 30 Recovering addicts and co-addicts have become specialist educators and trainers in addiction counselling and treatment
- 200 HIV/AIDS Health Clinic Professionals have successfully completed the intensive training program
- 41 HIV/AIDS Health Clinics (31 in Ho Chi Minh City, 6 in Hanoi, and 4 in Khanh Hoa) have initiated internal training and qualifications programs for additional 500 staff in line with knowledge acquired and tools provided during the training courses
- Partner organizations are well versed in CSR programs, advocacy efforts and networking, and have organized 6 workshops -1 in HCMC, 2 in Hanoi, 2 in Khanh Hoa, and 1 special CSR workshop in the oil industry town Vung Tau in cooperation with Petro Vietnam and Domus Int. Vietnam, for a total of 600 practitioners, politicians, opinion leaders and company executives.
- At the end of this project, the cumulative efforts of introducing science based drugs counselling and treatment into Vietnam will have achieved considerable visibility:
  - 4 TV broadcasts on national television
  - 6 articles published
  - 355 politicians, civil servants, social workers, foreign and local NGOs, etc. exposed to modern treatment approaches
  - 73 “like-minded” organizations have been exposed to the 12-Step program
  - Partner organizations now members of policy groups and networks on national drugs issues



## projektrådgivningen

- o 581 practitioners will have acquired skills in 12-Step facilitation
- o 41 Health Clinics/Out Patient Centers servicing 5.000+ drug addicts have changed clinical practices to evidence- based facilitation
- o 82 counsellors at various treatment centers have been educated and trained in the 12-Step approach to treatment
- o 30 recovering addicts educated as advanced Addiction Counsellors
- o Statistics, documentation, operational manuals, brochures, pamphlets, etc. widely distributed

## Strategy

The strategy builds on 7 pillars

- 1. Raising awareness of evidence-based addiction treatment and encourage an open dialogue with a view to promote the understanding of the concepts of abstinence-based treatment and its benefits**  
Provide accurate, unbiased and non-judgmental information about substance use, addiction and evidence-based treatment in order to influence politicians, opinion leaders, health care providers, the press etc. Tools include media-based social marketing, public lectures, conferences, education and training
- 2. Promote evidence-informed practice and develop workforce and systems**  
Provide educating and training to indigenous/local people dealing with drugs problems – including educating and training recovering addicts to become professional drugs counsellors and specialized peer educators
- 3. Support measures aimed at increasing access to high quality treatment services**  
Increasing access to individuals (addicts, family & children) on evidence based services that help people come to terms with substance abuse and problems related to substance abuse like domestic violence, child abuse etc., reduce the personal and social disruption, loss of life and poor quality of life, loss of productivity and other economic costs associated with harmful drug use. Programs and initiatives include outpatient and peer-based counselling, daytime and residential treatment, sustained recovery & vocational training (Half-Way & Quarter Houses), housing support, job placement and social integration
- 4. Increase community and workplace understanding of drug addiction as a disease**  
Use public education campaigns and responsible media reporting, informed by current issues and emerging trends, to increase the public's understanding of the nature of drug addiction and effective interventions. Seek to influence community attitude and norms. Develop local level programs that reduce drug-related stigmatization and fear. Develop, support and demonstrate the social and economic benefits of CSR initiatives for "Alcohol & Drug Free Workplace"
- 5. Ensuring the expansion of the knowledge base, the exchange of information and the identification and dissemination of good practice**  
Build, strengthen and enable partners to advocate for evidence-based treatment services. Develop mechanisms for the cooperative development and transfer of knowledge among interested partners
- 6. Support Civil Society Organizations (CSOs) in building skills and organizational capacity to influence alcohol and drug policies**  
Educate and mobilize social movements, volunteer -, indigenous peoples' -, and community-based organizations, as well as communities and citizens acting individually and collectively of science based approaches on combating the alcohol and drugs menace – also as HIV prevention. Especially supporting the formation of Mutual Aid Groups (MAGs) in line with the principles of AA and NA as such groups elsewhere in the world have been particularly effective in disseminating the understanding of addiction as a disease and de-stigmatizing addicts
- 7. Measuring progress**  
Develop a monitoring and evaluation framework to ensure that data and program information is collected regularly and recycled into strategy considerations, including adjustments of programs to meet ethnic, cultural, and gender differences.

This project proposal follows our long-term strategic objectives and thinking in Vietnam (**proliferation of capacity and tools**) and has been developed in close dialogue among the partners.

It is also in line with SIDA recommendations to the Ministry of Health from 2005 stressing the importance of science-based counseling and treatment to addicts. This was reinforced by similar FHI recommendations from 2010, which included the importance of said treatment in relation to HIV/addicts and non-HIV/addicts alike as a means of prevention.

The project will reduce the burden of drug addiction and increase the awareness of the fact that alcohol abuse can lead to addiction, domestic violence, child neglect and abuse, traffic accidents, and accidents at the work place.

The project wishes to change the counterproductive, yet powerful myths and misconceptions regarding the nature of addiction. These include the public – and also health care providers who generally believe that people addicted to drugs are morally flawed and lacking in willpower, whilst in fact, addiction is a disease of the brain that affects behaviour.

Addiction is not a criminal/social issue, but one of health and mental health.

The project will be a vehicle for developing effective prevention and treatment approaches that reduce the toll that drug and alcohol abuse takes on individuals, families, and communities alike.

In total, the projects will build a base of knowledge and experience in the Vietnamese context on how new and different approaches to treatment makes a difference in outcome. It is anticipated that 12-Step Facilitation, CBT & MET will be disseminated, and its impact ultimately change official treatment and rehabilitation systems.

CSR and advocacy programs will promote international research that addresses the established evidence. Such as that, companies dealing with these issues will benefit not only economically, but also on public relations (similarly to advocating “green energy” and “non-use of child labour”). The strategy to introduce “Drug & Alcohol Free Workplaces” in industry and commerce will ultimately also influence Government and policy makers’ attitudes towards drugs and alcohol issues, as companies will come to expect improved treatment and rehabilitation services.

The project will provide advanced education and training in the theories behind modern and evidence-based treatment approaches and counselling skills to a group of unemployed recovering addicts. They will become role models and specialist addiction counsellors in the health system and build capacity with partners to subsequently educate a variety of audiences – health care professionals, the medical system, legislators, and the media about the complex interactions of the biological, social, environmental, and development factors that underlie the disease. This is precisely the way that the 12-Step model has evolved during the past 75 years and the Southern partners thus have the opportunity to capitalize on experiences gained.

The Project will be executed by a sub-group of the 18 Managing Personal from HIV/AIDS Prevention Association (HAA) already trained in basic 12-Step Facilitation (the “Bridging the Gap project) and 8 Vietnamese Assistant Counsellors trained during the past projects - under supervision and with inputs from expat. Addiction Specialists.

Specifically, the 8 VN Assistant Counsellors will provide the advanced training of 30 recovering addicts and co-addicts under supervision and input from expats. Teaching Professors. The subsequent training of 200 Health care professionals from 41 clinics will be executed by a group of teachers selected among the 18 HAA Managing Personal, the 8 VN Assistant Counsellors, and the new group of 30 (selection based on skills in course topics and communication).

The introduction of a new and science-based counselling and treatment regime in 41 Health Clinics will be performed by 41 of the newly trained Health Care Professionals assisted by 18 Managing Personal from HAA, 8 VN Assistant Counsellors, and 15 of the 30 recovering addicts and co-addicts especially trained through the “Advanced Training Course”, who will act as advisors, mentors and they will perform quality control.

The remaining 15 recovering addicts and co-addicts will act a liaison officers and peer educators to 41 new MAG groups, supervise and assist the already established OPCs on how to introduce HAA/NGO Fontana MAG concepts benefitting participants.

The “Work Books” for replication by other health care providers and the “Clinical Manuals” will be prepared and edited by an Editorial Committee of 6, made up of 2 from HAA, 2 Health Clinic Managers, the Expat. Expert Addiction Counsellor, and 1 Expat. Teaching Professor.

The Advocacy Strategy and its implementation, and the execution of Workshops and Conferences will be orchestrated by the Project Management Team, support staff from HAA, HAAH, HAAKA, LIN, MSD, Expat. Teaching Professors and the Expat. Addiction & Advocacy Consultant.

In a project of this kind, which introduces a new counselling and treatment model based upon internationally recognized and evidence supported approaches, it is important to be able to demonstrate benefits through experiences and examples.

However, the Southern Partners will be the implementers of the programs, while expat. inputs will concentrate on building capacity (knowledge and skills in the application of the methods).

The programs will demonstrate the benefits and impact of applying best practice approaches and strengthen the knowledge, abilities, skills and capabilities of Health Clinic & Out Patient Center staff to organize core functions effectively and sustainably and improve the capacity to change and manage clinical procedures in line with international best practice standards.

## Sustainability

Sustainability will be ensured on a number of levels. The project's capacity building is an upstream activity of transferring technical skills and expertise about modern and evidence-based addiction counselling and treatment among health care providers in order to change clinical practices benefitting drug and alcohol addicts. This will strengthen organizational sustainability and ensure ownership by providing partners with the skills, personnel, and knowledge to strengthen the organization.

HAA's advocacy efforts have sparked a profound interest among participants in further developing understanding behind sound treatment, and acquiring the right skills. In this context, the project is about building institutional capacity with partner organizations and influencing policies concerning drugs counselling and treatment at the provincial and the national level.

By the end of December 2011 a total workforce of 56 persons (18 HAA Professionals, 8 VN Assistant Counsellors, and 30 newly trained) will have developed intermediate/advanced skills in science based addiction counselling and treatment, which will qualify them to provide effective management and supportive supervision to ensure that service providers deliver evidence-based practices in clinics and other community-based sites. This core staff will also be capable of conducting advocacy and training activities during and after project closure, thus ensuring long-term continuation of activities.

By the end of March 2013 additional 700 health care staff at 41 Health Clinics in HCMC, Hanoi, and Khan Hoa will have acquired sufficient skills to apply modern addiction counselling and treatment benefitting a group of 5000+ addicts. The project will have increased local workforce from about 50 to more than 700 people who will be able to provide quality clinical supervision and counselling.

At project closure, 600 politicians, government institutions, academia, practitioners and the press will have been exposed to the principles and benefits of science based addiction counselling and treatment, with the aim of building political sustainability and commitment.

The cumulative efforts will have educated/exposed more than 5,000 health care providers in modern and evidence-based addiction counselling and treatment and more than 40,000 family members will know of this new treatment regime.

HAA will have acquired sufficient knowledge and skills to continue the training program. As a result of "Bridging the Gap", HAA has expanded their number of HIV/AIDS Branches from 5 to 11, and established 13 new Mutual Aid Groups in HCMC. Furthermore, the Vietnam HIV/AIDS Prevention Association has now established similar association in 9 provinces, including in Hanoi and Khanh Hoa.

The southern partners have committed 9.510 man/days to the project - or 14 man/years every year for 3 years - and will continue the project after the project timeframe is completed. They will provide sufficient management, personnel, financial, and institutional capacity to keep activities running in the long-term.

HAA, HAAH, and HAAKA are and will continue to be the focal points for HIV/AIDS treatment and counselling as well as for counselling, treatment and recovery services for drug addicts and recovering drug addicts.

Improving drugs treatment outcomes is a high priority for the Vietnamese Government as well as for a large number of INGOs and donors as HIV prevention, since the major mode of HIV transmission in Vietnam is through the sharing of contaminated needles and other equipment among IDUs.

Together with LIN and MSD, HAA, HAAH, and HAAKA have the clout and are in an eminent position to present and communicate their experiences to all level of the Vietnam society following the introduction of new clinical standards.

Also, the partners have been invited to participate as Technical Advisors in a USAID funded Counterpart project – [www.counterpart.com](http://www.counterpart.com) - to increase Civil Society Organization's ability to influence HIV policy and establishing Mutual Aid Groups (MAGs) for drug addicts and HIV infected people in a number of provinces (An Giang, Can Tho, Dien Bien, Hai Phong, Hanoi, HCMC, Lao Cai, Nghe An, and Quang Ninh).

The partners will take full ownership of the concepts and programs, and they will be responsible for continued implementation at new HIV/AIDS Branches, MAGs, at the individual HIV/AIDS Health Clinic and Out Patient Center level as well as for follow-up and quality assurance.

The project will have financial sustainability as it builds on existing and state financed health care structures (HAA, HAAH, and HAAKA) and the programs will have long-term impact since the activities of training of implementers and raising awareness will be an integral part of the partners' daily activities regarding drugs counselling and treatment, which takes place at the current HIV/AIDS Clinics.

Vietnam's health care strategy 2011-2020 and 5 year health plan 2011-2015 will allocate an increasing amount of funds to improved health care services and civil society actors will demand improved and humane services also in the addiction arena.

Expenditures in health as a percentage of GDP are anticipated to grow from 5.1% in 2002 to around 9% in 2015, and the better equipped CBOs are in advocating for increased funding to - and effective treatment of drug addiction, the more funds are likely to flow in this direction supporting modern and science based addiction counselling and treatment.

Never before has the Party and the Government in Vietnam been more prone to making changes to social, health and welfare systems benefitting a broader cross-section of the Vietnamese population, including the most disadvantaged.

Government Resolution No. 05/2005/NQ-CP clearly states that social mobilization – civil society mobilization - has two major aims: first, to bring into play the intellectual and physical potential of the people and involve the entire society in developing health care, education, and the like and second, to create conditions for the entire society, especially policy beneficiary target



groups and the poor, to enjoy the increasing benefits from achievements in health care and education.

In recent years, many Government agencies have been granted more autonomy and together with many new and emerging Civil Society Organizations, they are expected to take initiatives and make proposals that will effectively change and streamline current practices.

For the first time, a Vietnamese 5-year plan clearly focuses on the poor and vulnerable groups. The plan stresses that participation is desired and expected by organizations and the private sector when it comes to the "socialization" of parts of the education, training, science and technology (research), and health domains, as well as some aspects of cultural and sports activities. Particularly in the field of social security, the government is appealing to voluntary security networks for the establishment of social funds and development of the mass organizations' funds for the disabled and other people with difficulties.

The project will support civil society actors like HAA, HAAH, HAAKA, LIN, MSD, mass organizations, and grass-root movements in their push for further delegation of authority to civil society organizations in order to deliver better and affordable services to the public.

The Mutual Aid Groups- MAGs (Self-Help Groups) will be based on the 12-Step Program - like AA and NA - as it has happened worldwide where more than 200,000 groups in over 180 countries and with more than 3,000,000 members benefit from the concepts, and the "Bridging the Gap" project has demonstrated that the approach are met with approval by the authorities.

Eventually, these MAGs will become a factor in the emerging Vietnamese civil society landscape.

LIN and MSD will be particularly focused on CSR, NPO and CSO activities, which they will incorporate as a core function in their future program.

Short term, LIN, MSD, and Domus Medica, Vietnam plan to approach all Scandinavian companies and Embassies in Vietnam promoting the "Alcohol & Drug Free Workplace" concepts.

## **Exit Strategy**

The fundamental goal of the exit strategy is to ensure sustainability of impacts and momentum of activities after end of project and is based on the ownership from the project partners, who – during the whole project period - will be responsible for planning, implementation and follow up on project activities.

The partners have agreed to a gradual phase over, where the Southern Partners - apart from having full local responsibility – also will take leadership in line with acquiring skills, competence and experience in this advanced program – step-by-step to 200 Health Clinic Professionals at 41 Health Clinics in Ho Chi Minh City, Hanoi, and Khanh Hoa.

The exit strategy will be a planned approach of ending NGO Fontana support and gradually passing over the responsibility of the intervention to the Southern Partners. In this gradual phase-over the successful implementation of project activities and project outcomes, e.g. attainment of desired level of capability and resources will be the determining exit factor. The ongoing monitoring of project implementation as well as progress towards milestones and progress has been shaped also to assess outcomes at the clinical level.

Specifically, the Southern Partners will take the lead of project implementation from 2012 where expat. contributions will shift towards a mentoring/counselling role providing expert input to generating teaching and training material, developing "Work Books" and "Clinic Manuals", unfolding advocacy and communications strategies, providing expert teaching professors and conference speakers.

It is anticipated that the Southern Partners are ready and capable to take full responsibility at the end of the project cycle, and they have expressed their clear commitment to take ownership and continue the activity.

During the implementation of this project, the partners will develop a 2-year follow-up information and advocacy program that the Southern Partners will roll out after project closure.

Regular monitoring and evaluation information and project reviews will be used to reflect on timing of exit of individual program activities.

## **Assumptions, risks and preconditions**

As part of the overall effort to reduce the negative impact of drugs use, the Vietnamese government will continue looking for diversification and additions to existing treatment and rehabilitation approaches.

The involvement of non-state actors and international organizations in this area is being encouraged, and it is assumed that this policy will continue.

It must also be recognized that local authorities have considerable scope to decide and prioritize how issues of treatment and rehabilitation is approached and that some are more innovative and willing to change than others.



The project anticipates getting the active support from local authorities in Ho Chi Minh City, Hanoi and Khanh Hoa

In order to mitigate potential resistance, the project will proactively seek to build support among key officials, with a focus on Women's Union and other organisations addressing women issues, including domestic violence, neglected children, and family health.

Finally, the success of the Project rests on some more practical assumptions; i.e. the partners are able to continue a smooth and productive working relationship, and that we are able to motivate participants throughout and after the project implementation period.

## **D. PROJECT ORGANISATION AND FOLLOW-UP**

### **Project organization and management**

#### **Project organization**

The responsible actors for managing and coordinating this project are:

#### **HIV/AIDS Prevention Association - HAA, The LIN Center for Community Development – LIN, and NGO Fontana**

The project in Vietnam will be governed by a Project Advisory Board, which takes management responsibility for the project within the framework agreed upon. The Board will consist of one member of the HAA Mobilizing Board, the Chairman of NGO Fontana and one member from the Executive Director Board of LIN as well as two members elected by the project staff.

A Project Manager and one Assistant, representing LIN and HAA will be based in HCMC. They will be assigned to carry out the day- to-day management of the project.

The following areas have been identified and agreed:

#### **The southern Partners – HIV/AIDS Prevention Association (HAA) - The LIN Center for Community Development (LIN)**

HAA and LIN will take responsibility for implementing the organizational structure locally and hiring and contracting new employees, if and when needed.

Furthermore, HAA will ensure extra permits - if required - from HCMC Peoples Committee and other Government Authorities.

HAA will make quarterly report to HCMC Peoples Committee, HCMC HIV/AIDS Committee, VUFO/HUFO as well as Department of Planning & Investment on each individual area.

HAA is also responsible for obtaining approval from Ministry of Health and other relevant authorities of all printed and PPP- material to be used in this project, as well as for the distribution of informational and public relations material in HCMC and elsewhere in Vietnam.

HAA will be responsible for the execution of the programs, including training of 200 Health Clinic Professionals.

HAA, LIN and NGO Fontana will be jointly responsible for development of PR-material, brochures, leaflets and other information including development of a professional Power-Point Presentations for advocacy purposes.

Also, LIN and HAA will take the lead in organizing conferences and invite relevant practitioners, politicians and opinion leaders and develop press relation.

LIN will handle distribution of informational and public relations materials as well as CSR material, elsewhere in Vietnam.

LIN and HAA will jointly redesign the HIV/AIDS Awareness Course (offered to companies) also to include a component about Alcohol and Drugs at the Workplace – supervised by NGO Fontana.

LIN and NGO Fontana Rep. Office will jointly be responsible for development of relevant CSR material as well as for fundraising programs and activities.

**Northern Partner:** NGO Fontana is responsible for developing best practice training modules, coordination of expert input, providing expert addiction staff and coordination with Danish Donors to this project, including Projektpuljen.

NGO Fontana is responsible for the additional training of 30 recovering addicts/co-addicts to become specialist teachers and trainers.

NGO Fontana, HAA and LIN will jointly be responsible for the development and editing of all Educational Training Material (incl. PPP-educational slideshow).



Together with HAA and LIN, NGO Fontana will develop PR-material, brochures, leaflets and other information materials, including development of a professional Power-Point Presentations for Advocacy purposes.

The partners have mutually agreed that NGO Fontana, LIN and HAA share the overall responsibility of the management, assessment, follow-up and supervision of this project.

However, NGO Fontana is responsible for Mid Term - and Final Evaluation Reports (incl. final statement of accounts) to Projektpuljen in Denmark.

## Management and coordination

A Project Advisory Board will be established

This Board will have overall responsibility for managing the Project.

More detailed terms of reference for the Project Advisory Board will be developed as part of the inception activities.

## Monitoring, evaluation and reporting

The Project will employ Kevin P. Mulvey, PhD as a short term consultant to make an assessment of the relevance, results and impact of science-based counselling and treatment facilitation – introduced through the various projects – in a Vietnamese context. Mr. Mulvey is an officer of SAMHSA (Substance Abuse and Mental Health Services Administration) and Substance Abuse Treatment Advisor to Presidents Emergency Plan for AIDS Relief.

Results from this evaluation will be made available as part of the mid-term review in order for results to be recycled into strategy considerations.

The Project will be implemented in accordance with Projektpuljen's policies and guidelines.

HAA and LIN have received those guidelines and are already familiar with procedures for project implementation, financial administration, anti-corruption measures, progress reporting, etc.

NGO Fontana is responsible for the Project in relation to Projektpuljen while HAA and LIN are responsible towards Vietnamese authorities.

Once a month project monitoring meetings, involving all professional and administrative Project staff, will take place to ensure ongoing monitoring of Project progress and a follow-up plan.

A project monitoring meeting will be called every six months by the Advisory Board will.

The output of this meeting will be: i) Status on Project progress; ii) Problems encountered and how they have been dealt with; iii) A financial statement for the past six months; iv) Planned activities and budget for the following three months; v) Key experiences and lessons learned.

Minutes of the meeting will be taken and a report prepared.

If project implementation requires adjustments, all partners will be consulted and NGO Fontana will present such changes to Projektpuljen for approval.

A **mid term review** will be conducted after 12 months. The purpose is to make an assessment of Project implementation, progress and results achieved. Furthermore, the review will make recommendations for the planning and implementation of the remaining part of the Project, including adjustment of activities and budget inputs if necessary, and a first draft of the exit strategy.

A **final evaluation** will be made at the end of the Project focusing on lessons learned and a strategy for disseminating the results achieved among key stakeholders in the addiction arena.

## Budget and financing

The implementation of the program will require a total budget of **DKK 3.455.373**

The project will be implemented by the Project Advisory Board, which is responsible to the partners.

This entails sharing responsibility for implementation of activities to the extent that HAA and LIN are able to meet Projektpuljen's requirements to financial management.

The partner organizations are expected to implement relevant parts of the program expenditure under responsibility of the Advisory Board, supervised by NGO Fontana's Rep. Office, Vietnam.

This delegation of responsibility will be done in line with Projektpuljen's requirements for partner implementation of expenditure.

A set of guidelines for how the partners may receive and manage funds will be developed and agreed upon prior to the implementation of the project.

### Financial management and reporting

Program accounts will be maintained, reported and audited in accordance with Projektpuljen's requirements also for performance audits.

An auditing firm in Vietnam, who will perform audits according to international standards, will do the annual accounts.

This may, if applicable, include project accounts maintained by partners in Vietnam.

NGO Fontana's and LIN's accountants in Vietnam will supervise the accounting in Vietnam.

For expenditures in Denmark, NGO Fontana will be responsible for keeping accounts.

NGO Fontana's registered accountant will supervise the audits of accounts in Vietnam and integrate them into the audit of final accounts.

## E. POPULAR FOUNDATION AND INFORMATION WORK

### Oplysninger om den ansøgende organisation og dens folkelige forankring

#### 1. Historie

NGO Fontana blev stiftet i 1998 af medarbejdere og ædru patienter fra Behandlingscentrene Fontana og Taarup.

Formålet var på daværende tidspunkt at etablere en social og oplysende forening med fokus på samvær og udbredelsen af kendskabet til 12-trinsbehandlingsprogrammet til afhjælpning af afhængighedssygdomme samt forbedring af familiens vilkår.

I de følgende 6 år levede foreningen et stilfærdigt - og fra offentligheden tilbagetrukket liv, hvor den fungerede som et netværk og omdrejningspunkt for misbrugere, som havde afsluttet et komplet behandlingsforløb under 12-trinsmodellen, deres pårørende samt behandlere og andre interessenter indenfor misbrugsbehandling.

Ved årsskiftet 2004/2005 blev det på generalforsamlingen 11. januar 2005 imidlertid erkendt, at medlemmerne ville og kunne mere, og derfor besluttedes det at udvide foreningens aktiviteter til Sydøstasien med Vietnam som første projektland.

Siden da har foreningen arbejdet med udviklingslande og haft et særligt fokus på svage samfundsgrupper, der direkte eller indirekte er ramt af alkohol-, narkotikamisbrug samt HIV/AIDS og andre fattigdomsfremmende problemer relateret til et sådant misbrug.

Fra oktober 2006 har NGO Fontana udført et kapacitetsopbygningsprojekt i samarbejde med Binh Minh behandlingscenter i Ho Chi Minh City i Vietnam.

#### 2. Organisationens særtræk

- Dansk baseret interesseorganisation  
 Kirkeligt/religiøst baseret organisation  
 Udviklings- eller nødhjælpsorganisation  
 Mellemløst/religiøst/græsrodsorganisation

Er ulandsarbejde organisationens hoved- eller biaktivitet (sæt ét kryds)?

- Hovedaktivitet  
 Biaktivitet

#### 3. Målsætning

NGO Fontana ønsker at forbedre levevilkårene for svage samfundsgrupper og familier i udviklingslande, der direkte eller indirekte er ramt af HIV/AIDS, Tuberkulose, Malaria, Alkohol- og/eller narkotikamisbrug samt andre fattigdomsfremmende problemer.

For at opnå denne målsætning søger vi i udviklingslandene at udbrede kendskabet til behandlingsformer, som kan afhjælpe afhængighedssygdomme herunder og i særlig grad Minnesota-modellen og 12-trinsprogrammet.

Kendskabet forsøger vi at udbrede ved; at støtte etableringen af velfungerende mønsterbehandlingscentre, der kan fungere som eksempler til efterfølgelse, forbedring af dokumentationsindsamlingen og -bearbejdningen vedrørende misbrugsbehandling samt kapacitetsopbygge partnere til at drive fortalervirksomhed indenfor misbrugsområdet.

#### 4. Organisationens selvforståelse mht. folkelig forankring

Fra oprindeligt at have været orienteret mod en snæver medlemsgruppe af behandlede ædru og stoffri alkoholikere og stofmisbrugere, blev det på generalforsamlingen i januar 2005 besluttet, at blikket nu skulle rettes bredere ud mod også at inkludere pårørende og andre interessenter.

Denne beslutning faldt tidsmæssigt godt i tråd med det store fokus på området, som opstod nogenlunde samtidig i offentlighedens omkløbe af, at flere kendte personligheder stod frem og fortalte om deres misbrugsproblemer.

De udgav bøger, skrev sange og holdt foredrag og skabte dermed pludselig en større åbenhed og forståelse i befolkningen, hvilket medførte en vis af-taburisering af problemet samtidig med at flere fik interesse for sagen.

Siden da har NGO Fontanas folkelige forankring været konstant stigende, og den breder sig som ringe i vandet.

NGO Fontana har i 2009/2010 indledt samarbejde med patient organisationen Thors Hammer som tæller ca. 350 medlemmer samt med Gamla I Gårda i Skåne for at flere skal få kendskab til vort arbejde i Vietnam samt styrke kendskabet i Øresunds regionen. I november 2010 indledte NGO Fontana yderligere et samarbejde med en anden patientorganisation med ca. 90 medlemmer.

NGO Fontana har i dag et godt stykke over 250 medlemmer, som er bosat over hele Danmark, ca. 90 i Vietnam og 10 i Sverige

I begge lande er medlemskredsen voksende og organisationen er solidt plantet i kredsen af de danske kerneorganisationer med speciale indenfor afvænnning.

### 5. Organisationens folkelige bagland

Hvordan er organisationens folkelige bagland sammensat (sæt et til flere kryds(er)):

- Medlemmer (individuelle)
- Bidragydere / støttemedlemmer (individuelle)
- Kollektive organisationer
- Virksomheder
- Faglige institutioner
- Frivillige netværk
- Andre grupper:

### 6. Organisationens udbredelse:

- [3] lokalgrupper/medlemsgruppe i Danmark
- [19] kommuner hvor organisationen er aktiv
- [3] andre grupper: Følgegrupper i Ho Chi Minh City

### 7. Organisationens medlemsbasis

Medlemsbasis	Antal v/afslutningen af forrige regnskabsår (2007/2008)	Antal v/afslutningen af sidste regnskabsår (2008/2009)	Udvikling i procent
1. Medlemmer (individuelle)	190	233	Ca. 23%
2. Bidragydere (individuelle)	6 med kr 500+ og 47 med kr. 50+	7 med kr. 500+ og 107 med kr. 50+	16.7% og 128%
3. Kollektive medlemmer (antal org.)	6	6	
4. Kollektive bidragydere (antal org.)	2	4	100%
Egenfinansiering, jf. model for udregning nedenfor	462.489	318.474	-31.1%
6. Egenfinansiering i % af budget (jf. vedlagte udregningsmodel)	28.7%	29.1%	0.1%

### 8. Frivillighed

Frivillige	Forrige regnskabsår (2004/2005)	Sidste regnskabsår (2005/2006)	Udvikling i procent
1. Antal personer, der har arbejdet frivilligt	24	21	-12.5%
2. Frivillige udelukkende involveret i indsamlingsvirksomhed			
3. Frivillige involveret i øvrige aktiviteter	43	49	Ca. 14%
4. Anslået gennemsnitlig månedlig timetal ydet pr. frivillig under pkt. 3	7 timer månedligt	7 timer månedligt	

### 9. Vurdering af medlemsbasis og frivillighed

NGO Fontana nyder et stort frivilligt engagement i forbindelse med foreningsarbejdet og aktiviteterne herunder også de Danida finansierede bistandsprojekter, hvor adskillige forretningsfolk, læger, kunstnere, farmaceuter, pensionister, generalister m.fl. ulønnede personer deltager i følgegrupperarbejde.

Der er en stor gruppe af kapable mennesker i medlemsgruppen, som støtter projektet og har erklæret sig villige til at rejse til Vietnam og undervise i deres respektive fag på Half-Way House Treatment Centerets Erhvervsskole. Samtidigt stiller de sig til rådighed for diverse månedlige Club24 arrangementer.

## 10. Parametre på organisationens folkelige forankring

1. Kontingenter	Hvert individuelt medlem betaler kr. 120 og hvert kollektivt medlem betaler kr. 1200. Støttemedlemmer, som kun ønsker at bidrage til vore projekter i udlandet, betaler kr. 60,-
2. Sponsorrater	Projektet har bl.a. modtaget sponsorrater til havemøbler, rengøringsmidler, medicinsk- og kontorudstyr
3. Frivillige involveret i projektarbejde	21 personer
4. Frivillige fundraisere	4 - 2 i Danmark og 2 i Vietnam
5. Internet og hjemmesider: den virtuelle forening.	NGO Fontana har sin egen 3-sproglige hjemmeside, som er på dansk, vietnamesisk og engelsk ( <a href="http://www.ngofontana.org">www.ngofontana.org</a> ). Desuden refereres der med både billede og tekst til organisationen på den danske ambassade i Hanoi's hjemmeside. Se venligst: <a href="http://www.ambhanoi.um.dk/en/menu/Developmentpolicy/DanishNGOsInVietnam/NGO+Fontana/">http://www.ambhanoi.um.dk/en/menu/Developmentpolicy/DanishNGOsInVietnam/NGO+Fontana/</a>
6. Debatmøder	Hver måned afholdes NGO Fontana debatmøder i samarbejde med Thors Hammer for medlemmer og andre interesserede.
7. Udveksling studieture	Flere medlemmer har besøgt projekterne i Vietnam, og i 2010 har flere samarbejdspartnere også besøgt projekterne. To bestyrelsesmedlemmer rejser til Ho Chi Minh City, og det planlægges i øjeblikket at flere lokalt ansatte vietnamesere skal besøge og på kursus hos organisationen i Danmark og deres samarbejdspartnere, CENAPS, DK, Nämndemansgården i Sverige og andre
8. Kontakflader herunder netværk, alliancer, virksomheder, andre NGO'er samt uddannelsesinstitutioner	<p><u>Fagligt relevante organisationer:</u> CENAPS, ALFA-Fredensborg, PLAN "A", Projektrådgivningen. Nämndemansgården Sverige, Euro-Care, Bruxelles, Nordan, FORUT Oslo, Norge</p> <p><u>Virksomheder:</u> Itide, Eurocare, Domus Logistica, Saigon Securities Inc., Pan Pacific, Mediplantex, Scanco, Viking Rubber, Domus Medica Vietnam Ltd.</p> <p><u>Andre organisationer:</u> Dansk Vietnamesisk Forening HCM City Association of Psychological &amp; Educational Science (HAPES), Ho Chi Minh Child Welfare Foundation, Committee of Pastoral Care for PLWA Archdiocese of Ho Chi Minh, Catholic Relief Service in Hanoi, PACT, PAC, CDC Vietnam, paraplyorganisationerne for NGO'er i Vietnam PACCOC og VUFO, UNODC (United Nations of Drug and Crime, Hanoi), UNAIDS, UNICEF, WHO, USAID, Ford Foundation, SIDA, PACCOC, HUFU, VUFO, Womens Union in HCMC and Hanoi, Peoples Committee (PC)/Local Health Authorities from selected provinces, Ministry of Labour, Invalids and Social Affairs (MOLISA), DOLISA, HCMC Department of Education, Ministry of Health (MoH), HCMC Newstar Vocational School, IOGT og PAC og CDC - HCMC, Stairways, Danmark og Phillippinerne.</p>
9. Projektfølgegrupper	Særligt tæt samarbejde er etableret med HAA og LIN Center, MSD Hanoi samt WU (Womens Union) der repræsenterer 13 mio. kvinder i Vietnam. For uddybende information se venligst projektdokumentet.

## 11. Kort beskrivelse af nye tiltag mht. styrkelse af organisationens folkelig forankring

Som noget nyt har Club24 indledt samarbejde med Thors Hammer, der tæller ca 350 medlemmer og med Klub 24, der har ca. 90 medlemmer og mindst en gang om måneden bliver der afholdt foredrag eller debatmøder, hvor interesserede kan indhente viden, stille spørgsmål og dele erfaringer og synspunkter.

Samtidig kan nytilkommende melde sig ind i foreningen.

Et stort løft for disse arrangementer har været, at kendte personligheder regelmæssigt holder foredrag eller debatindlæg.

Dette har givet arrangementerne et ekstra særpræg, og de har været store trækplastre der har resulteret i særdeles velbesøgte møder.

Af kendte personer, som har deltaget eller skal deltage, i nær fremtid kan nævnes: Michael Falch, Allan Olsen og Niels "Noller" Olsen, Ole "Bogart" Michelsen, Ole Thestrup, Jacob Haugaard og Henrik Rindom, Craig Nakken og Terence Gorski – begge fra USA.

Desuden bliver der udsent nyhedsbrev 6 gange om året til alle medlemmer.

Her oplyses om de seneste aktiviteter og problematikker såvel som overordnede strategiske ændringer og planer.

Det var oprindeligt tanken at gøre brevet web-baseret, men da mange stadig ikke har internet og e-mail opretholdes udsendelsen i gammeldags brevform en tid endnu.

Der arbejdes ihærdigt med at etablere et "netværkshus" for mindre NGO'er i København, der samtidigt er et mødested for mennesker med interesse for misbrug og afhængighed samt oprettelse af en Club24 i Jylland.

## 12. Bilag

Følgende materiale for organisationen er allerede tidligere indsendt til Projekt Rådgivningen:

- Reviderede vedtægter,
- Seneste årsberetning,
- Seneste årsregnskab og revisionsprotokollat.

### MODEL for opgørelse af egenfinansiering

Egenfinansiering i form af overskud fra:	År 2008/09
	Pr. 30.06.09
	DKK
Kontingenter	12.780
Bidrag / gaver	14.920
Indsamlinger	
Sponsorater /fadderskaber	
Arv, doneret	223.600
Private virksomheder	
Salg	
Andet, specificer: adm. bidrag projektpuljen	54.219
<b>A: Egen finansiering, total:</b>	<b>318.474</b>
<b>B: Andre finansieringskilder, total:</b> (bevillinger, tilskud og andet som IKKE kan henregnes under egenfinansiering)	<b>774.548</b>
<b>C: Total finansiering:</b>	<b>1.093.022</b>
<b>D: Procent egenfinansiering (A/C*100)</b>	<b>29.1%</b>

#### E.2 Has project-related information work in Denmark been planned?

I løbet af projektperioden vil vi afholde 4 workshops blandt vore medlemmer, deres gæster og andre interesserede, som NGO Fontana vil invitere (1 i København, 1 i Odense, 1 i Aarhus og 1 i Aalborg eller Esbjerg).

Vi vil invitere medlemmer fra partnerorganisationerne til at fortælle om projektets opståen, resultater og gennemslagskraft.

Samtidigt vil vi benytte lejligheden til at informere om NGO Fontana's aktiviteter med henblik på at hverve yderligere medlemmer, og vi vil bede en eller flere kendte causere over deres tid som "aktiv alkoholiker".

Vi forventer mindst 70 deltagere til hvert arrangement.

Hertil søger vi et budget på i alt kr. 80.000,- der dækker kr. 40.000,- til fly og opholdsudgifter for udenlandske foredragsholdere, kr. 20.000,- til danske brochurer og kr. 20.000,- til redigering af web.

NGO Fontana vil selv afholde udgifterne til leje af lokaler og traktement.



### 3. Budget summary

Here a summary of the main budget items should be provided.

A detailed budget with notes must be submitted in the annex “Budget format”, which can be downloaded at: [www.pnngo.dk](http://www.pnngo.dk). NOTICE: Remember to fill in all three spreadsheets in the Excel file.

<b>Budget summary:</b>		<b>currency</b>
Indicate the total cost (i.e. including contributions from the Project Fund as well as other sources)	<u>3.455.373</u>	DKK
Of this, the Project Fund is to contribute	<u>3.026.295</u>	DKK
Indicate any other source of finance, including the Danish organisation’s or its partner’s contributions, if any	<u>429.078</u>	DKK
Indicate total cost in local currency	<u>12.007</u>	Million VND
Indicate exchange rate applied	<u>3.475</u>	
If relevant: Indicate the extent of project-specific consultancy assistance (spreadsheet 3 of the budget format), see also “Guide to budget preparation”		

#### Main budget items:

\*) change due to error in original application worksheet in connection with calculation of the costs of objective 3.4

\*\*) Expat. project manager substituted by local VN project manager & Expat. Finance Control substituted by part time VN local Financial Cashier/Clerk & Expat. Special advocacy consultant inserted to support Project Manager on advocacy issues.

	Full amount	Financing plan	
		Of this, from Project Fund	Of this, from other sources
1. Activities *)	1.793.710	1.544.603	249.108
2. Investments	<u>77.966</u>	44.483	33.483
3. Expatriate staff **)	135.399	135.399	0
4. Local staff **)	325.696	218.217	107.480
5. Local administration	371.805	371.805	-
6. Project monitoring	72.102	72.102	-
7. Evaluation	<u>77.313</u>	<u>77.313</u>	-
8. Information in Denmark (max 2% of 1-7)	80.000	80.000	-
9. Budget margin (max 10%, min 6% of 1-8)	<u>293.399</u>	<u>254.392</u>	<u>39.007</u>
10. Project expenses in total (1-9)	<u>3.227.391</u>	<u>2.798.313</u>	<u>429.078</u>
11. Auditing in Denmark	30.000	30.000	-
12. Subtotal (10 + 11)	<u>3.257.391</u>	<u>2.828.313</u>	<u>429.078</u>
13. Administration in Denmark (max 7% of 12)	<u>197.982</u>	<u>197.982</u>	-
14. Total	<u>3.455.373</u>	<u>3.026.295</u>	<u>429.078</u>



## 4. Contact information

<p><b>Basic information about Danish applicant organisation</b></p> <ul style="list-style-type: none"> <li>• Organisation's name</li> <li>• Address</li> <li>• Telephone and fax, if any</li> <li>• Email address</li> <li>• Website, if any</li> <li>• Name and address of other participant Danish organisations, if any</li> </ul>	<p>Organization: NGO Fontana  Address: Lerhøj 20, 2880 Bagsværd, Denmark  Tel. &amp; Fax: Tel. 70 22 23 15 – Fax 70 22 23 16  E-mail: <a href="mailto:info@ngofontana.org">info@ngofontana.org</a>  Web: <a href="http://www.ngofontana.org">www.ngofontana.org</a></p>
<p><b>Contact person</b></p> <ul style="list-style-type: none"> <li>• Contact person's address (if different from the organisation's home address)</li> <li>• Contact person's email</li> </ul>	<p>Preben Hansen, Chairman of the Board  <a href="mailto:ph@ngofontana.org">ph@ngofontana.org</a>  Holger Drachmanns Vej 11  2800 Kgs. Lyngby</p> <p>Frits Raunstrup, Director  <a href="mailto:fr@ngofontana.org">fr@ngofontana.org</a>  Olfert Fischers Gade 46,2  1311 København K</p> <p>Sten Maartensen, Project Office Secretary  <a href="mailto:sm@ngofontana.org">sm@ngofontana.org</a>  Ørnevang 46, 1.tv.  3450 Allerød</p>
<p><b>Partner in the South</b></p> <ul style="list-style-type: none"> <li>• Organisation's name</li> <li>• Address</li> <li>• Country</li> <li>• Email address</li> <li>• Website, if any</li> </ul> <p>If there are several counterparts, all organisations must be mentioned.</p>	<p>The HIV/AIDS Prevention Association  Mrs. Nguyen Thi Hoai Thu – President  121 Ly Chin Thang Street, Ward 7, District 3  Ho Chi Minh City  Vietnam  Tel. 08-38481399 – Fax: 08-39309152  E-mail: <a href="mailto:hoaituhsaa@gmail.com">hoaituhsaa@gmail.com</a>  <a href="http://www.haahcm.org">www.haahcm.org</a></p> <p>LIN Center for Community Development  Ms. Dana R. H. Doan – Board of Advisors  71-73-75 Hai Ba Trung, 6<sup>th</sup> Floor, District 1  Ho Chi Minh City  Vietnam  Tel. 08-38246091  E-mail: <a href="mailto:dana@linvn.org">dana@linvn.org</a>  <a href="http://www.linvn.org">www.linvn.org</a></p> <p>Hanoi HIV/AIDS Association  Professor Pham Manh Hung - President  86A Tho Nhuom  Hoan Kiem  Ha Noi  Vietnam  Tel. 04-22104773</p> <p>HIV/AIDS Association  DS. Tran Man Em - President  Khanh Hoa Province  31 Le Thanh Phuong  Nha Trang City  Vietnam  Tel. 09-58562744</p> <p>Research Center for Management and Sustainable Development (MSD)  Ms. Linh P. Nguyen - Director  Tang2, 101 A2 72 Nguyen Chi Thanh  Hanoi  Vietnam  Tel. 43-7756805  E-mail: <a href="mailto:msd.vietnam@gmail.com">msd.vietnam@gmail.com</a>  <a href="http://www.msdvietnam.org">www.msdvietnam.org</a></p>



## 5. ANNEXES

### OBLIGATORY ANNEXES

Remember that the following annexes concerning the applicant Danish organisation must be attached:

- a) the organisation's statutes,
- b) the latest annual report,
- c) the latest audited annual accounts,
- d) list of names of governing body's members, and
- e) list of the organisation's Danida-funded projects (including those financed by the Mini-Project Fund and the Project Fund) over the past five years. Indicate reference number, title, country, amount granted and project period.

### Supplementary annexes (max. 30 pages)

Annex 1	Log Frame
Annex 2	Project Implementation Plan
Annex 3	Detailed Budget
Annex 4	Project Staff and Job Descriptions
Annex 5	"Addiction – What is it and what can be done?"
Annex 6	"Training the Trainers"
Annex 7	"On-The-Job-Training"
Annex 8	Oversigt over projekter støttet af Minipuljen
Annex 9	NGO Fontana Vedtægter
Annex 10	NGO Fontana Årsrapport
Annex 11	Projektets Finansieringsplan

**Notice:** All annexes should be submitted in a format allowing for easy photocopying (i.e. no magazines, books, newspapers cuttings, but only copies of relevant excerpts thereof).