**Impact of campaign**

After just 6 months of implementation client flow has increased between 5% and 50% in target provinces compared to the same period last year and 60% of VCT clients stated they had seen or heard an advertisement related to a New Horizon Center. More clients stated they had learned about VCT through a PSI advertisement than any other source, including a health worker or friend.

**Challenges of promoting VCT services**

1. Measuring program impact continues to remain a challenge in assessing program effectiveness. Future monitoring and evaluation steps include conducting further analysis to evaluate the impact of the campaign on VCT uptake, knowledge of VCT and perception of service quality.

2. Client flow at sites that PSI does not manage is affected by external factors beyond the control of both PSI and, at times, the sites themselves. For example, a site with some of the country’s highest client flow located in a province PSI supports recently had to relocate to a neighboring location. PSI, in partnership with the local province, attempted to redirect client flow, which dropped for some months but is rebounding.

3. Other challenges stem from the capacity gap between high-quality sites that receive sustained support, resources, and training, such as the CDC/MoH sites, and those sites that lack the resources to assure consistently high quality. PSI has worked closely at the national as well as provincial level to direct the campaign to support sites that operate to under MoH quality standards.

**Promoting VCT among At-Risk Populations in Vietnam**

**Dr. Trinh Thu Hang, PSI/Vietnam**

PSI launched the first VCT communications campaign in Vietnam in March, 2006 in response to the increased access to VCT nationwide. The Ministry of Health of Vietnam (MoH) rapidly scaled up VCT with support from the Center for Disease Control (CDC) and in just over three years more than 50 VCT sites in 40 provinces are fully operational. However, most sites remain underutilized and operate well below their maximum capacity. Low client flow is exacerbated by a poor understanding of VCT by target populations and stigma-related barriers.

To address this issue USAID and CDC turned to PSI in 2005 to design and implement a VCT communications program to promote VCT services to the most at risk populations—IDUs, Men who have Sex with Men (MSM), CSWs, and their sexual partners.

The campaign relies on outdoor media, posters, and IEC materials such as brochures and marketing cards to promote VCT sites as welcoming, confidential, and high quality that can provide clients with non-judgmental and reliable results — all elements that research showed to be key motivators for VCT.

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Promoting VCT among At-Risk Populations in Vietnam

Dr. Trinh Thu Hang is senior program manager for PSI/Vietnam.