



SCDI
Develop Together

CREATING SHARED VALUE

CENTRE FOR SUPPORTING COMMUNITY DEVELOPMENT INITIATIVES

SCDI 2025 IMPACT REPORT

Abbreviations

CBO	Community-based Organization
UHC	Universal Health Coverage
GF	The Global Fund to Fight AIDS, Tuberculosis and Malaria
CCM	Vietnam Country Coordinating Mechanism for Global Fund to Fight AIDS, Tuberculosis and Malaria
SOGIESC	Sexual Orientation, Gender Identity & Expression and Sexual Characteristic
MMT	Methadone Maintenance Treatment
PWID	People Who Inject Drugs
PUD	People Who Use Drugs
TG	Transgender People
MSM	Men Who Have Sex with Men
SW	Sex Workers
PLHIV	People Living with HIV
ACE	Adverse Childhood Experience
CSET	Community System to End TB
CMAT	Community Malaria Action Team
MCAHRN+	Maternal, child, adolescent health & rights and nutrition
CRG	Community, Rights and Gender
CLM	Community-led monitoring

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SCDI is a Vietnamese not-for-profit organization that works to improve social inclusion.

Photo © SCDI
CSET members in Gia Lai taking part in the “Learning about Tuberculosis” contest - a CSET’s communication initiative that aims to share practical TB knowledge with residents and strengthen community-based TB prevention and control.



ROOTED IN VIETNAM, GROWING GOOD.

The world we imagine

An inclusive society that supports the well-being of everyone, on a planet where humans live in harmony with nature.

Hands on, Hearts open

We work to improve the quality of life and social inclusion of vulnerable and marginalized populations and to reduce their practices that may be harmful to the environment.

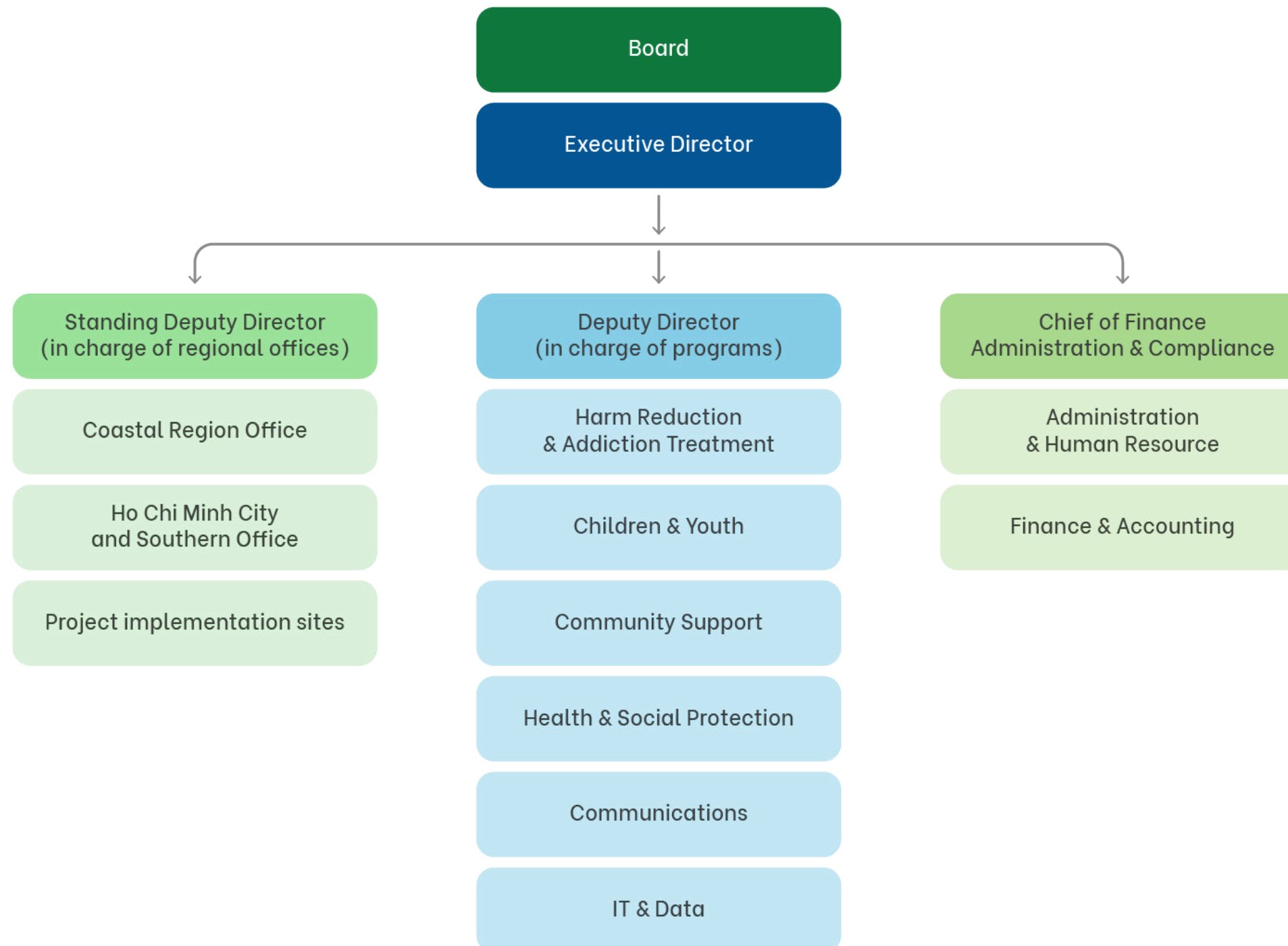


2010 · 2025
16 years of resilience

The heartbeat of our work

- Equity
- Egalitarianism & Fairness
- Dignity
- Generosity
- Integrity
- Transparency
- Concern for Quality
- Effectiveness
- Partnership & Collaboration

Organizational Structure



Programs

- Develop program concepts, logical frameworks, intervention models, and monitoring & evaluation frameworks
- Design interventions and guidelines for implementation
- Provide training and technical supervision before and throughout the project implementation
- Conduct programmatic monitoring, tracking, and evaluating intervention results contributing to SCDI's Strategic Goals.

Regional Offices

- Located in Hanoi (Main Office), Hai Phong (5 northern coastal provinces), Dak Lak (Central Highlands) and Ho Chi Minh City (Southern region).
- Represent SCDI in the located areas
- Implement projects
- Develop partnerships with local government and stakeholders

Our programs

HEALTH & SOCIAL PROTECTION

The Health and Social protection program strives to improve the well-being of target populations by addressing their diverse health needs, especially in epidemic and new-emerging diseases. The program aims to tackle these challenges head-on through proactive community screenings, treatment support, and improved access to public healthcare. The program also advocates for inclusive health policies and promotes social security benefits – all to create a strong foundation for a healthy community.

AREAS OF EXPERTISE:

- HIV, Tuberculosis and Malaria
- Universal Healthcare Coverage
- Sexual and Reproductive Health & Rights Policy

COMMUNITY SUPPORT

The Community Support Program aims to support community-based groups, organisations, and networks of target communities in building and strengthening links within and between networks and enhancing member capacity to promote their meaningful participation in programmes, projects, and policies.

AREAS OF EXPERTISE:

- Community System Building & Strengthening
- Community Engagement
- Advocacy
- SOGIESC (Sexual Orientation, Gender Identity & Expression and Sexual Characteristic)
- Environment

CHILDREN & YOUTH

The Children and Youth Program aims to develop and implement interventions to enhance health care and education access and strengthen the resilience of vulnerable children and youth. The program focused on developing intervention packages for children and youth, including education and health support, mental health and adverse childhood experiences reduction for vulnerable children, drug use prevention for young people.

AREAS OF EXPERTISE:

- HIV & STIs (Young People)
- Drug Use & Abuse Prevention (Young People)
- Working with Vulnerable Children and their Family
- Maternal, Child, Adolescent Health & Rights and Nutrition (MCAHRN+)
- Adverse Childhood Experiences

HARM REDUCTION & ADDICTION TREATMENT

The Harm Reduction and Addiction Treatment Program aims to improve quality of life of people who use drug. The program applies a comprehensive strategy, including strengthening capacity of SCDI's team, community outreach workers and partners, developing pilot community-based addiction treatment and harm reduction models in Vietnam and enhancing partnerships to promote evidence-based interventions that reduce stigma and discrimination and increase access to health services and addiction treatment for the community of people who use drugs.

AREAS OF EXPERTISE:

- Addiction Treatment
- Harm Reduction (Opioid, Stimulants)
- Mental Health for People Who Use Drugs
- Chemsex harm reduction
- Sexual and Reproductive Health & Rights

Areas of Work & Key Populations

Marginalized Populations

Populations that are social stigma, less likely to benefit from health, social, educational and legal public policies and programs

Vulnerable Populations

Populations that are disproportionately affected by diseases, poverty, injustice and lack of development opportunities

Among many populations that are at disadvantage for development, the following populations are identified by SCDI as both vulnerable and marginalized.

Strategic Approaches

Enabling environment

Social mobilization

Community-based interventions

Focusing interventions on our selected provinces to create impacts

Growing our team and networks



Strategic Goals 2021-2030

End HIV, TB and Malaria

contributes to VNSP **c-d-e-g-h-i-k**

related UN SDGs **1 3 10**

Achieve Universal Healthcare Coverage - UHC

contributes to VNSP **all except (o)**

related UN SDGs **1 3 4 10**

Achieve Universal Lower Secondary Education

contributes to VNSP **a-b-c-d**

related UN SDGs **1 3 4 10**

Eliminate Extreme and Multi-dimensional Poverty

contributes to VNSP **a-b-c-l-m-n**

related UN SDGs **1 2 4 8 10**

Protect Rights of everyone

contributes to VNSP **d-e**

related UN SDGs **3 5 8 10 16**

Reduce Practices Harmful to the Environment

contributes to VNSP **c-o**

related UN SDGs **12 13**

Vietnam National Strategies and Programs (VNSP)

(a) National Target Program For Sustainable Poverty Reduction 2021 - 2025

(b) National Target Program For New Rural Area Development 2021- 2025

(c) National Target Program For Socio-Economic Development In Ethnic Minority-Inhabited And Mountainous Areas 2021 - 2025

(d) The National Strategy For Protection, Care And Improvement Of The People's Health By 2030 With A Vision Towards 2045

(e) Decision Of The Prime Minister Assigning Targets On Health Insurance Coverage For The Period 2021 - 2025

(g) National Strategy To End Aids Epidemic By 2030

(h) National Strategy On Tuberculosis Control To 2020, With A Vision To 2030

(i) National Strategy For Malaria Prevention And Elimination In Vietnam For The 2011 - 2020 Period With The Direction To 2030

(k) National Plan For Prevention And Control Of Non-Communicable Diseases And Mental Health Disorders 2022 - 2025

(l) National Action Plan On Reproductive Health Care, Focusing On Maternal, Infant And Children's Health Care 2021-2025

(m) National Project "Reproductive Health Care, Sexual Health Care For Adolescents And Youth" In The Period Of 2021-2025

(n) Action Plan To Prevent Malnutrition And Stitting In Children Under 5 Years Old In Ethnic Minority And Mountainous Regions 2021-2025

(o) National Environmental Protection Strategy To 2030 With A Vision To 2050"

United Nations Sustainable Development Goals (UN SDGs)

1. No poverty
2. Zero hunger
3. Good health and well-being
4. Quality Education
5. Gender equality
6. Clean water and sanitation
7. Affordable and clean energy
8. Decent work and economic growth
9. Industry, innovation and infrastructure

10. Reduced inequalities
11. Sustainable cities and communities
12. Responsible consumption and production
13. Climate action
14. Life below water
15. Life on land
16. Peace, justice and strong institutions
17. Partnership for the goals



Photo © SCDI
 CSET member assisting local residents
 during an active community-based
 TB screening in Ho Chi Minh city.

SCDI
 Cộng Phát Thành

PHÁT HIỆN SỚM VÀ ĐIỀU TRỊ LAO - LAO TIỀM ẨN

PHÁT HIỆN VÀ ĐIỀU TRỊ LAO TIỀM ẨN
 Giúp người nhiễm vi khuẩn lao không phát triển thành bệnh lao
 Thời gian điều trị ngắn, ít loại thuốc

BỆNH LAO ĐƯỢC PHÁT HIỆN VÀ ĐIỀU TRỊ SỚM
 Chữa khỏi bệnh hoàn toàn
 Bệnh ít tái phát
 Phòng được vi khuẩn lao kháng thuốc
 Giảm lây bệnh cho cộng đồng

BỆNH LAO ĐƯỢC PHÁT HIỆN VÀ ĐIỀU TRỊ MƯỢN
 Bệnh khó chữa khỏi
 Bệnh dễ tái phát
 Vi khuẩn lao dễ kháng thuốc
 Lây bệnh cho nhiều người

RESILIENCE? YES, WE'RE SERIOUS ABOUT IT!

SCDI Team

in the year of 2025

52,483 persons*
received at least one of
SCDI's services

133,581 times services provided*

* A client could be provided with more than one service

10 implementing projects
9 implementing sites

Photo © SCDI



develop together



people-centered

Diversity and Inclusion for All

female
22,390 persons
42.66%

transgender
554 persons
1.06%

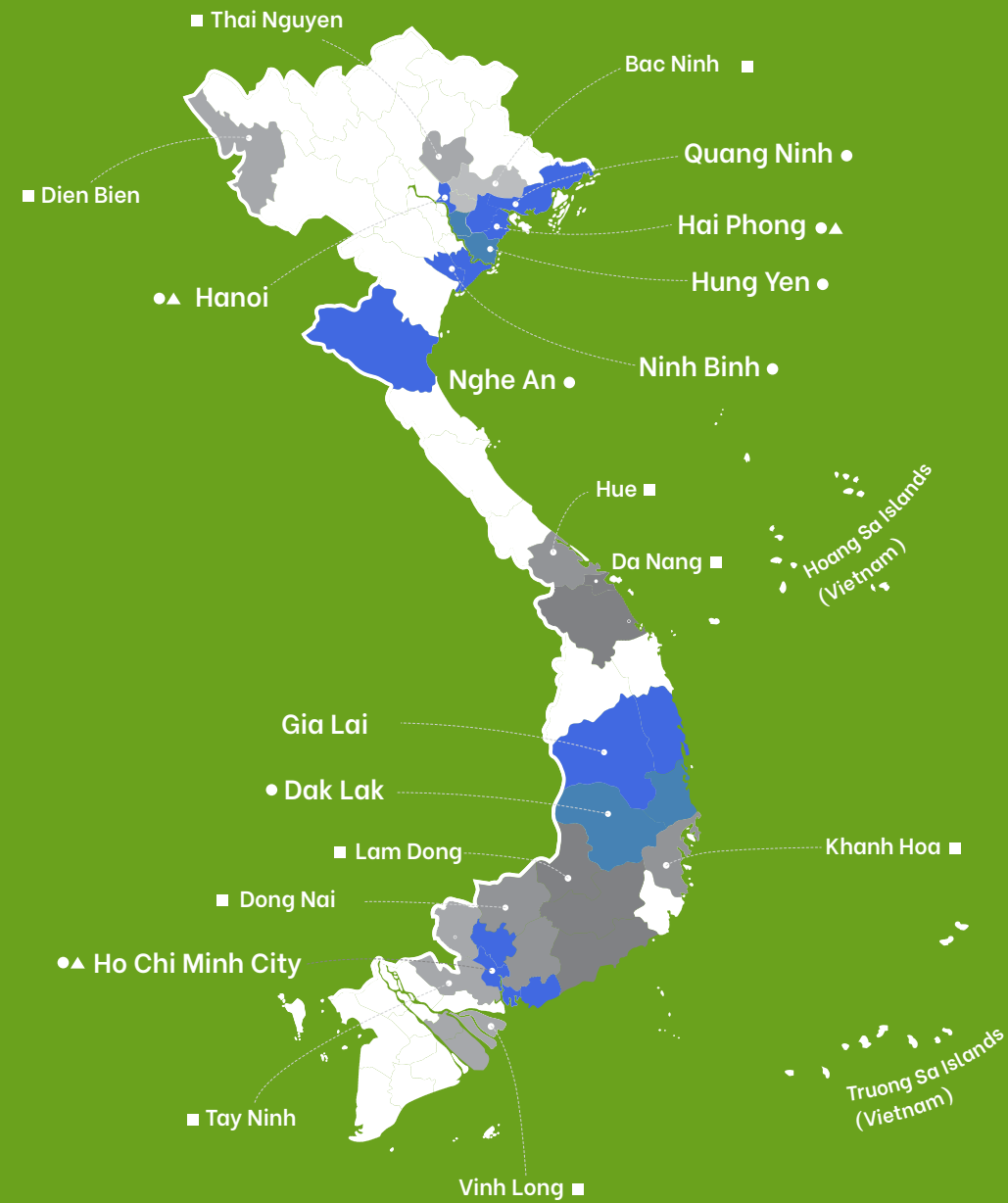
SCDI envisions an inclusive society on a sustainable planet, where the well-being of every single person is respected and promoted, regardless of their ethnicity, political stand, legal status, sexual orientation or gender identity. As such, gender is an important aspect of SCDI's policy and program. SCDI Policy on Gender Equity, adopted in early 2021, aims to build SCDI to be a gender-responsive organization.

In 2025, we remained achieving 100% client consent for sharing information in projects collecting gender data. This full participation underscores our unwavering commitment to transparency and reflects the high level of trust our clients place in our information protection policy.

In the last year, SCDI served 22,390 people who identify as female; 29,539 who identify as male; and 554 transgender people, ensuring no one is left behind.

male
29,539 persons
56.28%

Focused Sites



- Focused city/province
- ▲ Regional Office
- Completed Project Sites



Photo © SCDI
SCDI staff deliver powdered milk supported by FrieslandCampina Vietnam to a child in the Breaking the Cycle program in Ho Chi Minh City.

Creating shared value

2025 was another year marked by significant global shifts. Prolonged humanitarian crises, the increasingly visible impacts of climate change, and changes in international funding priorities significantly affected the resources available to sustain community support programs. At the same time, the need for access to essential care, health services, and social support, especially among vulnerable and marginalized populations, remained constant and became even more urgent.

In Vietnam, challenges in sustaining community systems, improving the effectiveness of services, and expanding service coverage continued to deepen access barriers. This required community development programs to keep adapting their approaches and ways of working to stay relevant to local realities.

Given these circumstances, maintaining continuity and adaptability in community support programs became increasingly important. Beyond sustaining essential support, social organizations also needed to strengthen coordination, connect resources, and work together to identify solutions that respond more closely to the needs of different communities.

Throughout 16 years of serving vulnerable communities, every step forward for SCDI has been built on the trust and companionship of our dedicated team, community members, and long-standing partners. In a year of change like 2025, this trust and companionship became

even more meaningful, providing a strong foundation for us to continue community support activities and stay committed to our strategic goals.

This companionship goes beyond sharing resources. It is a process of active listening, identifying solutions together, and collaborating closely to implement activities effectively. Thanks to this, SCDI's interventions were not only sustained, but also gradually expanded and adapted to changing contexts and urgent community needs.

The results achieved over the past year are not only milestones of a single moment. They are part of a longer journey built on trust, shared responsibility, and the collective efforts of many individuals, communities, and organizations, all working toward a common goal: leaving no one behind.

With our commitment to an inclusive society where quality of life is advanced for all, SCDI will continue to promote community-centered approaches, strengthen resource connections, and work closely with partners to better respond to the increasingly diverse needs of communities.



Photo © SCDI CSET members in Gia Lai with their communication booth, where information about CSET activities and knowledge about TB are displayed.

2025 highlights

Strategic Goal 1

End HIV, TB and Malaria

89,502

times of HIV prevention and treatment service provided

119

individuals who tested positive for HIV were referred to ARV treatment

16,453

people were screened for TB

39,079

people received at least one form of TB prevention or treatment support

439

community-based communication sessions on TB knowledge were conducted

Over the past year, HIV prevention interventions continued to be maintained and expanded in ways that were flexible and more responsive to community realities. Alongside prevention and treatment referral activities, SCDI's programs also placed greater attention on factors that directly affect long-term intervention outcomes, such as mental health. This reflects a shift from addressing health issues in isolation toward a more comprehensive understanding of health, especially for communities that often face multiple layers of barriers at the same time.

2025 also marked important progress in developing community-based intervention models for people who use stimulants and people who practice Chemsex – the use of psychoactive substances such as alcohol, methamphetamine, GHB, ketamine, etc. before or during sex. These communities often face

higher HIV-related risks, including risks linked to sharing injecting equipment, or to losing inhibitions while using substances. This can lead to unsafe sexual practices, such as not using protection, having multiple partners, or engaging in prolonged sexual activity. For this reason, HIV interventions have remained a core component of SCDI's harm reduction models for people who use stimulants and people who practice Chemsex over the years.

As patterns of substance use continue to change rapidly, alongside the increasing presence of new stimulants, SCDI has continued to work with community-based organizations to develop harm reduction interventions that better respond to clients' real needs. These models not only contribute to reducing the risk of HIV and sexually transmitted infections, but also help create more friendly and less stigmatizing service environments, where

clients can actively seek support and stay connected to services in the long term.

Alongside interventions for HIV, TB prevention and control efforts continued to be expanded and strengthened through different intervention models. These ranged from active community-based screening to strengthening the role of community networks in reaching people with TB and supporting treatment adherence.

Activities implemented over the past year continued to demonstrate the important role of the Community System to End TB, or CSET, in reducing barriers related to cost, stigma, and access to health services. CSET also helped strengthen connections between people with TB and the health care system.

2025 continued to show the growing strength of the community networks that SCDI works with. From supporting activity implementation, community members are now increasingly involved in shaping, providing feedback on, and improving interventions based on local realities. Their technical capacity, peer support skills, and role as a bridge between communities and the health system have continued to grow. This has helped make intervention models more relevant, responsive, and sustainable.

The results achieved over the past year continued to affirm the vital role of communities in health programs. When communities are trusted, empowered, and given meaningful opportunities to participate, they not only help expand access to services, but also make interventions more relevant, sustainable, and grounded in real needs. This is also an important foundation for SCDI to continue bringing health interventions closer to communities, contributing to a more sustainable health care system for all.

By 2023, SCDI had achieved its malaria elimination target in key project sites.

The experience gained from malaria projects, together with the community networks built and strengthened over many years, has become an important foundation for SCDI to continue identifying and developing interventions that respond to urgent community health issues.

Building on this foundation, in 2025, SCDI expanded our intervention scope to dengue fever through the project "DENGAGE (DENGue Awareness, Gaps and Exposure Gaps in Dak Lak, Vietnam)", which aims to generate practical evidence and contribute to strengthening local capacity to prevent and respond to dengue fever.



Photo © SCDI
A community-based activity in Que Phong commune, Nghe An province, connecting people to HIV testing and relevant support services.

2025 highlights

Strategic Goal 2

Achieve Universal Healthcare Coverage

15,211

individuals were supported by SCDI to access at least one essential health service not covered by health insurance

208

individuals were supported to obtain health insurance cards

Universal Health Coverage (UHC) aims to ensure that everyone can access essential health care services without facing financial hardship. In Vietnam, this goal is promoted through the national health care system, where health insurance plays an important role in expanding access to services and reducing the financial burden of health care costs.

However, in practice, access to and use of health care services still differ significantly across population groups. People living in poverty, migrants, people experiencing homelessness, people living with HIV or TB, women, children, and sexual minority communities continue to face many barriers when seeking care. These include financial difficulties, lack of identification documents, limited access to information, and social stigma. This shows that UHC is not only about health care coverage; it is also closely linked to whether people can truly access services and continue using them when needed.

SCDI continued to support poor and vulnerable households to enroll in and maintain health insurance. We also accompanied communities

in accessing and using public health services at the local level. Beyond supporting with the cost of health insurance cards, SCDI helped community members better understand how to use health insurance effectively and access timely medical care. In strengthening effective and sustainable access to public health services for vulnerable groups, we focused on improving community awareness of the importance of health insurance, which is often not prioritized when families are facing many urgent needs at the same time.

SCDI also continued to provide support for costs not covered by health insurance, such as transportation, nutrition during treatment, and other essential needs. These forms of support helped people maintain treatment more consistently. Alongside this, community networks and outreach workers in different localities continued to play an important role in connecting people with appropriate support services, contributing to more sustainable access to health care among vulnerable communities.

2025 highlights

Strategic Goal 3

Achieve Universal Lower-Secondary Education

282

children living in poverty received support to pursue their education

21

children supported to finish lower-secondary education

In the communities we work with, poverty does not exist in isolation. It is part of a cycle shaped by unstable income, prolonged illness, lack of legal documents, interrupted education, and fragile family environments. Within this cycle, children are among those most deeply affected. When their education is interrupted or cannot be sustained, their access to basic services and future opportunities becomes increasingly limited. This increases the risk that they may face the same difficulties experienced by their families.

Therefore, education is not only about learning. It is also an important foundation that helps children expand their future opportunities and strengthen their ability to adapt to changes in life. However, many children are unable to stay in school because of very concrete barriers, such as unstable health, lack of nutrition, lack of identification documents, or limited family support.

For this reason, SCDI's interventions do not focus only on helping children go to school. They also aim to build a more comprehensive support ecosystem so that children can remain

in education over the long term. Children received support for tuition fees, school supplies, health care, and nutrition. They were also accompanied and equipped with essential life skills throughout their learning and development.

At the same time, SCDI continued to work with families, schools, local communities, and partners to strengthen the support network around each child. Through livelihood support, health care, and greater parental engagement in children's education, interventions were designed to better respond to the specific circumstances of each family and community.

This approach turns education support into a long-term process, rather than a one-off intervention. When children are protected in terms of health and legal identity, and supported by their families and communities, they are better able to stay in school, build their own capacities, and open up more sustainable choices for the future.

2025 highlights

Strategic Goal 4

End Extreme Poverty & Reduce Multidimensional Poverty

956

households received at least one of SCDI's six basic social support services*

11

households received multi-dimensional support to increase their income**

8

households received emergency and post-disaster recovery support

Ending extreme and multidimensional poverty is an important goal in ensuring that everyone has the opportunity to access basic living conditions and develop sustainably. In practice, poverty is not only reflected in income. It is also linked to gaps in access to education, health care, safe housing, information, and essential social services. For many vulnerable and marginalized communities, these gaps often reinforce one another, increasing instability and making it harder for people to recover from shocks in life.

Based on real community needs and SCDI's experience working alongside communities, we have developed six priority support packages for poor households: food, health care, safe housing, education, livelihood, and access to information. Alongside education support, which contributes to breaking the intergenerational cycle of poverty, SCDI provided livelihood support such as job referrals and access to small loans. These helped families gain initial resources to generate

*Food, healthcare, shelter, education, livelihood support, access to information

**Access to financial support, employment, loans, livelihood initiatives

income and stabilize their lives. In health care, SCDI continued to support families to enroll in and maintain health insurance, helping reduce the burden of medical costs.

In addition, through networks of partners, collaborators, and community groups at the local level, we actively connected families with additional support, services, and opportunities that better responded to their diverse needs.

SCDI also continued to strengthen collaboration with social organizations, social enterprises, and community networks to build support pathways that are more responsive to the specific circumstances of each community group.



Photo © SCDI Supporting the family of a TB patient in Dak Lak with transportation assistance and school supplies.

2025 highlights

Strategic Goal 5

Protect Rights of Everyone

6

individuals were supported to obtain personal identification documents

1,100

publications on SOGIESC were shared with nearly 30 organizations across Vietnam to raise awareness about LGBTQ+ rights

SCDI believes that everyone has the right to be recognized and to access essential public services equally. Supporting communities to obtain identification documents, health insurance, and access to social protection policies is therefore an important area of intervention in promoting social equity and protecting fundamental human rights.

In reality, many people still face difficulties in accessing their basic rights due to the lack of legal documents, limited information, or barriers related to stigma and social inequality.

To help reduce these barriers, SCDI accompanied community members through the process of completing their identification documents. In some cases, this included specific forms of support, such as verifying family relationships or applying for birth certificates for parents. Maintaining health insurance enrollment and raising awareness of basic rights, gender equality, and access to public services also remain important parts of SCDI's work to protect the rights of all people. Activities implemented over the past year also

encouraged communities to take an active role in identifying existing challenges and working together to seek solutions that fit local needs.

In addition, on the International Day Against Homophobia, Biphobia, Intersexism and Transphobia, or IDAHOBIT 2025, SCDI shared more than 1,100 publications on SOGIESC with nearly 30 organizations across Vietnam. These included schools, clinics, and community-based organizations working to support the rights and well-being of sexual minority communities. This resource-sharing effort helped organizations access more diverse communication materials, contributing to awareness raising, reducing prejudice, and encouraging open and meaningful dialogue toward protecting the rights of sexual minority communities.

Through these activities, SCDI aims to contribute to a more inclusive and equitable society, where every person, regardless of circumstance or background, is respected, has their rights protected, and can access essential resources and services equally.

Strategic Goal 6

Reduce Practices Harmful to The Environment

31

newsletters were shared to raise awareness about environmental protection and promote sustainable practices

Recognizing that community health and sustainable development are closely connected to the surrounding living environment, SCDI actively integrated awareness raising and environmentally friendly practices into community interventions, especially among groups whose livelihoods depend heavily on nature.

Alongside community-based activities, SCDI also worked toward building a greener

workplace by promoting practices such as waste sorting, reducing plastic waste, and sharing knowledge on environmental protection.

These efforts aim to gradually make sustainable practices part of SCDI's everyday operations and organizational culture.



















Photo © SCDI
Waste sorting instructions at SCDI Hanoi office.



SMALLER FOOTPRINTS, STRONGER COMMUNITIES

MAKING A DIFFERENCE, TOGETHER

Our donors

2025 highlights

Financial Statistics

₫ 55,322B
~ \$ 2,127,776

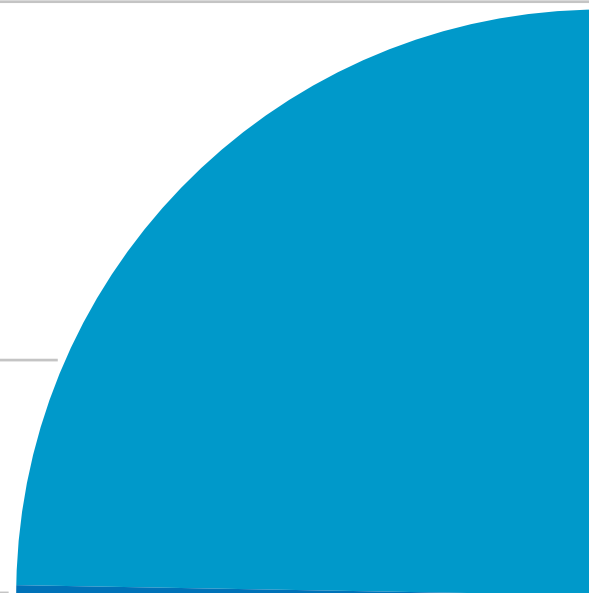
Total

₫ 54,866B
~ \$ 2,110,230

International Funding

₫ 456M
~ \$ 17,547

Domestic Funding



In 2025, SCDI's total international and domestic funding reached more than VND 55.322 billion, approximately 1.5 times higher than in 2024, when total funding stood at VND 36.350 billion.

At a time when funding for development work has become increasingly constrained, this growth in resources reflects the growing trust of donors in SCDI's implementation capacity, transparency, and impact. It also demonstrates the sustained and long-term commitment of partners in working with SCDI to create positive change for communities.

Alongside this, the SCDI team continued to actively maintain and expand partnerships

with domestic enterprises. These partnerships go beyond conventional corporate social responsibility activities and transition into a "creating shared value" approach, where businesses take part in addressing social issues and contributing to the sustainable development of communities.

This approach has helped SCDI respond more promptly to the urgent needs of the communities we work with. It has also encouraged more meaningful and long-term engagement from the private sector, strengthening a collaborative ecosystem for the well-being of all individuals in the society.

Funding Resources

SCDI is grateful for the generous support of our donors, both domestic and international. Their contributions enable us to deliver our vital programs and services to vulnerable communities.

We are committed to using all funding responsibly and transparently, ensuring that resources create the greatest possible impact for the people we serve.

The Global Fund

Expertise France

ANRS|MIE

Stop TB partnership

Viiv Healthcare

University Montpellier

British Vietnamese International School Hanoi

Treatment Action Group

Pierre Nicole Centre

New York University

tesa Site Hai Phong Co. Ltd

HSBC

World Bank

British International School Hanoi

The George Institute for Global Health

Embassy of Switzerland in Vietnam

Asia Pacific Council of AIDS Service Organizations

Agence Française de Développement

Community Engagement

SCDI deeply values the dedication of collaborators, volunteers, and community members who have continued to walk alongside us in our programs, projects, and interventions. Through their dedication, local knowledge, and close relationships with people in the community, they have helped bring SCDI's activities closer to vulnerable and marginalized groups.

Their steady presence has not only helped SCDI maintain trust and connection with communities, but also enabled us to better understand the local needs.

This allows us to design interventions that are more grounded in local contexts and more responsive to the needs of different community groups.

**THIS IS
WHAT
WE'RE
DOING.**

Community-based interventions •

Tuberculosis treatment adherence •

Tuberculosis elimination among people

who inject drugs • Leadership for

Tuberculosis response • Generate demand

& accountability for Drug-resistant

Tuberculosis Treatment • Comprehensive HIV

prevention and harm reduction • Emerging

drugs and stimulants response • Chemsex

intervention • Mental health care for

people who use drugs • Adverse childhood

experiences • Social participation • Universal

health coverage • Gender health justice and

social rights • Break the cycle of poverty •

Eco-system support children to go to school

• Education and career opportunities •

Maternal, newborn and child health

our projects

Community Field-lab for Stimulant Harm Reduction, with focus on Chemsex Intervention

Period: 04/2024 - 04/2026

Donor(s): ViiV Healthcare Positive Action

Implementing sites: Hanoi, Ho Chi Minh City, Hai Phong city

2025 key results

- 674 clients practicing Chemsex received counseling through a comprehensive intervention package
- 211 clients were referred to testing and treatment services, including methadone, PrEP, PEP, STI services, hepatitis C, and TB services

contribute to our strategic goals

1 • End AIDS, Tuberculosis and Malaria

2 • Achieve Universal Health Coverage

Chemsex - the practice of using of psychoactive substances such as alcohol, stimulants, and others, before or during sex - has become increasingly common in Vietnam and across the region, along with the rise of synthetic drugs and other stimulants. People may engage in Chemsex for different reasons, such as increasing sexual desire, reducing anxiety, prolonging sex, or responding to a partner's expectations. However, existing interventions still largely focus on people who inject drugs, which leaves a significant gap in support activities for people who practice Chemsex.

The **Community Field Lab for Stimulant Harm Reduction in Southeast Asia (C-FLASH)**, implemented by SCDI during the 2022-2023 period, developed a specialized intervention package addressing Chemsex and mental health for stimulant drug users. This initiative helped to better reveal critical gaps in supporting individuals engaged in Chemsex practices, including challenges such as clients' hesitation to discuss sexual practices openly and the technical difficulties faced by CBO members, even those with experience in delivering comprehensive support and mental health services.

Building on this foundation, the **Community Field-lab for Stimulant Harm Reduction, with focus on Chemsex Intervention**, aims to fill the gaps, expand access to services for people who use stimulants in Vietnam, and strengthen technical capacity for Chemsex interventions in Southeast Asia. While this is not the first initiative in Vietnam to implement interventions for individuals practicing Chemsex, a key highlight of the project is the expansion of comprehensive services to diverse community groups, particularly high-risk populations: drug users, sex workers, men who have sex with men (MSM), and transgender individuals practicing Chemsex using multiple substances.

The project emphasizes on building technical capacity for community groups implementing interventions, strengthening the community-based harm reduction model to establish community-based organizations as "field laboratories" to test and refine models based on local needs and best practices. Through this approach, community groups have not only maintained comprehensive harm reduction services, but also gradually delivered quality Chemsex interventions that promote safer practices and improve clients' quality of life.

In 2025, the project continued to sustain and expand Chemsex interventions integrated into community-based harm reduction services. Specifically, 674 clients practicing Chemsex received comprehensive support package, which includes testing and referrals for HIV, sexually transmitted infections (STIs), and hepatitis C; support for PrEP/PEP access; and mental health counseling. Among them, 78 clients were referred to mental health services; while 211 clients were referred to testing and treatment services, including methadone, PrEP, PEP, STI services, hepatitis C, and TB services.

The project's intervention model was also shared at the Asia Pacific Chem-use Symposium (APCS) 2025, contributing to regional exchange of experience and knowledge to strengthen the quality of community-based harm reduction interventions across the region.

After two years of implementation, the project has helped narrow the intervention gap around Chemsex and improve clients' access to appropriate support. This has contributed to reducing risks related to HIV, sexually transmitted infections, and substance use, while supporting clients' quality of life in the long term.

At the community level, the project has created

clear changes in the capacity of CBOs. From initially facing uncertainty in responding to Chemsex-related situations, CBO members have gradually strengthened their skills and become more confident in discussing Chemsex-related topics and supporting clients in more comprehensive ways. This has not only improved service quality, but also reinforced the role of CBOs as trusted and accessible points of support.

More importantly, the project has contributed to a friendly and non-stigmatizing service environment, where clients feel respected and heard. This trust lays a strong foundation for maintaining long-term connection with services, improving the effectiveness of harm reduction interventions, and contributing to broader goals such as increasing access to testing, treatment, and other essential services.

As the project enters its final phase in 2026, a final evaluation report of Chemsex interventions will be conducted to assess effectiveness and further refine the intervention package. The experience and intervention package developed through this project will serve as an important foundation for SCDI to continue sustaining and expanding Chemsex interventions, as well as sharing with partners in Vietnam and across the region, contributing to more sustainable harm reduction efforts.



Photo © SCDI
SCDI team visits Men's Health Cambodia (MHC) to learn and exchange ideas on providing comprehensive support related to Chemsex.

our projects

New Challenge – New Solution

Period: 8/2024– 8/2027

Donor(s): ViiV Healthcare Positive Action

Implementing sites: Hanoi, Ho Chi Minh City, Hai Phong city, Nghe An province

2025 key results

- A network of 35 community outreach workers received intensive training to deliver effective interventions and provide technical support to other project sites.
- 851 clients who use stimulants received harm reduction services, counseling, and mental health support.
- 745 clients received community-based HIV testing

contribute to our strategic goals

1 • End AIDS, Tuberculosis and Malaria

2 • Achieve Universal Health Coverage

New Challenge – New Solution is an initiative developed and implemented in response to the increasingly diverse, complex, and difficult-to-control landscape of drugs and emerging stimulants. Substances such as ketamine, GHB, poppers, and others are becoming more common in communities, bringing risks related to physical and mental health, HIV transmission, and other sexually transmitted infections.

In response to these challenges, and building on prior experience in implementing comprehensive community-based HIV prevention and stimulant harm reduction models, SCDI continues to develop innovative solutions that address real needs and emerging challenges, ensuring that no one is left behind in accessing health care services.

The project aims to develop a field-based training program on interventions for people who use stimulants in four provinces and cities in Vietnam, through both technical capacity building and service delivery. The project's focus is not only on strengthening technical capacity, but also on ensuring that interventions are effective, locally relevant, and responsive to the specific characteristics of target communities.

The project's key interventions include:

- Developing new community-based interventions tailored to emerging stimulants; with a focus on interventions for women, transgender people, and online intervention for better outreach to groups at higher risk;
- Providing training and technical support for community groups in project sites, enabling them to master the intervention approach and deliver effective services to communities;

- Supporting community groups to provide comprehensive harm reduction services for clients who use stimulants, with a target of reaching 1,000 clients;
- Developing community outreach teams into field training sites to share the comprehensive intervention model for people who use stimulants with organizations in Vietnam and beyond.

In 2025, a network of 35 community outreach workers received intensive training to deliver effective interventions and provide technical support to other project sites. Through this work, 851 people who use stimulants accessed harm reduction services, counseling, and mental health support; 745 people received community-based HIV testing; and 3 clients with newly identified HIV-positive results were connected to treatment.

These activities contributed to expanding access to support for people who use stimulants, especially groups that previously had limited opportunities to access services. By diversifying intervention approaches, from in-person to online, services have become more flexible and better aligned with the changing realities of substance use in communities.

At the same time, the capacity of the outreach worker network was strengthened through training and technical support, helping community groups become more proactive in implementation and more adaptive to different contexts. On this foundation, community-based organizations are not only able to deliver interventions effectively, but are also gradually taking on the role of sharing experience and providing technical support to other project sites.

These results create a strong foundation for the next phase, with a continued focus on refining intervention packages that respond to the changing context of stimulant use. In the coming period, the models will be adjusted based on practical implementation experience, while expanding outreach to more diverse client groups.

In addition, the project will strengthen documentation and effectiveness evaluation to build practical evidence for improving the field-based training program. Results and lessons learned will also be shared with partners in Vietnam and across the region, contributing to stronger and more adaptive harm reduction interventions in this changing context.



Photo © SCDI
A project client is referred to a specialized mental health service for further support.

our projects

Building up

Full name: Implement community-based comprehensive HIV and mental health interventions for people who use stimulant drugs in Vietnam

Period: 1/2024 - 6/2025

Donor(s): Pierre Nicole Centre - France

Implementing sites: Hanoi, Ho Chi Minh City, Hai Phong city, Ninh Binh province, Hung Yen province, Quang Ninh province, Nghe An province

2025 key results

- 1,865 clients were reached and received HIV prevention services
- 1,153 clients received counseling on mental health and/or harm reduction for substance use
- 787 clients were screened for adverse childhood experiences (ACEs), and 230 clients were referred for mental health assessment

contribute to our strategic goals

- 1 • End AIDS, Tuberculosis and Malaria
- 2 • Achieve Universal Health Coverage
- 4 • End Extreme poverty & Reduce Multi-dimensional Poverty

The Building Up project builds upon the foundation of the Saving the Future 2.0 initiative – a community-based intervention to control HIV infection among young people who use drugs in Vietnam. Beyond HIV prevention and harm reduction related to substance use, Saving the Future 2.0 also identified and began addressing core issues such as mental health and adverse childhood experiences.

Building on these results, Building Up implemented comprehensive interventions for adolescents and young people who had been supported through Saving the Future, while expanding and strengthening community-based mental health interventions as a central strategy toward more effective and sustainable HIV prevention and control.

With this direction, the project integrated the Quick Screening Tool for Mental Health (QST)* into community-based interventions. It also provided training and technical support for community outreach teams to ensure that the tool could be applied effectively in real-life implementation. Through this, the project aimed to screen and identify early signs and mental health concerns among clients, while strengthening timely connections to appropriate counseling, care, and treatment services within the specialized health system.

At the same time, the project also strengthened collaboration with psychiatric hospitals and health facilities, contributing to stronger linkages between community-based service systems and professional mental health care systems.

By the time the project ended in June 2025, it had supported a total of 2,600 clients, including 1,059 clients who received HIV testing, and 31 clients with HIV-positive results who were successfully connected to ARV treatment. In parallel, 2,290 clients accessed counseling on

harm reduction and/or mental health. This not only provided knowledge, but also contributed to promoting safer practices in substance use and sexual health, helping clients become more proactive in protecting and improving their own health and that of their communities.

Mental health interventions and efforts to reduce the impacts of adverse childhood experiences (ACEs) were also maintained and expanded: 352 clients were referred for mental health assessment, 1,169 clients were screened for ACEs, and 361 clients participated in healing interventions through sharing circles and play-based art therapy. The project's final evaluation recorded positive feedback from many clients, with clear improvements in sleep quality, anxiety levels, and feelings of stress after participating in the interventions.

These results show that integrating HIV, harm reduction, and mental health interventions within the same community-based model is not only feasible, but also creates clear impact in improving access to services and responding to the multidimensional needs of adolescents and young people who use substances. More importantly, the model contributed to changing how participants understand their own health, encouraging more proactive help-seeking and stronger connections with service systems.

From its implementation experience, the project also provided important lessons for subsequent initiatives such as DREAMH. These lessons highlight the role of an integrated approach across mental health, harm reduction, and HIV, as well as the importance of community networks in reaching hard-to-reach populations. In a context where adolescents and young people who use substances are still often left behind by mainstream service systems, maintaining community-based interventions and flexible approaches to client outreach remains essential to ensuring the

sustainability and effectiveness of intervention models.

By strengthening the integration of mental health, HIV, and harm reduction services, Building Up contributed to the development of a comprehensive intervention model that supports people who use substances to overcome psychosocial barriers, while gradually improving their quality of life and sustainable access to the health care system.

***Quick Screening Tool for Mental Health** is a rapid mental health assessment instrument developed by SCDI to support initial screening efforts in community settings. The tool has been validated by mental health experts in Vietnam and France, ensuring its sensitivity, specificity, and accuracy in identifying common mental health issues.

International Publication: Development and assessment of a community-based screening tool for mental health disorders among people who inject drugs →



Photo © SCDI
Representatives from partner organizations, community groups, and social enterprises reflect on key lessons learned from the project.

our projects

DREAMH

Full name: Developing a Reinforced Access to Mental Health Care for Key Populations

Period: 10/2025 - 10/2028

Donor(s): L'Initiative – Expertise France

Implementing sites: Hanoi, Ho Chi Minh City, Hai Phong city, Ninh Binh province, Thai Binh province, and Nghe An province

2025 key results

- 407 clients were screened for mental health concerns
- 21 clients were urgently referred for assessment and treatment of mental disorders
- A rapid mental health screening questionnaire was developed and validated

contribute to our strategic goals

- 1 • End AIDS, Tuberculosis and Malaria
- 2 • Achieve Universal Health Coverage
- 4 • End Extreme poverty & Reduce Multi-dimensional Poverty

An estimated nearly 15% of Vietnam's population lives with at least one common mental disorder [1]. Compared with the general population, people living with or affected by HIV are at significantly higher risk of mental health disorders [2]. Issues such as depression, anxiety, psychological trauma, or substance use-related disorders not only reduce quality of life, but also directly affect the effectiveness of HIV prevention and control interventions. For this reason, mental health care is an essential priority for effective HIV control.

However, access to mental health services in Vietnam remains limited. Low service coverage, a shortage of specialized human resources, and cost-related barriers mean that many people, especially vulnerable groups, are still unable to access services when they need them. As a result, many mental health concerns are not detected early, leading to delayed treatment and long-term impacts on quality of life.

Over the years, through the DRIVE-MIND study and the Saving the Future and Building Up projects, SCDI has implemented community-based mental health interventions for people who use substances, gradually demonstrating the feasibility of this model in supporting early detection and service linkage. However, intervention models specifically designed for people living with and affected by HIV remain limited, while this group's needs are shaped by multiple factors, including stigma, psychological trauma, and barriers to accessing health services.

The project “Developing a Reinforced Access to Mental Health Care for Key Populations” (DREAMH) was implemented to improve access to and quality of mental health services for this group. DREAMH is one of the first initiatives in Vietnam to integrate mental health care into HIV and harm reduction programs through

coordination between community networks and the specialized mental health system. The project builds on lessons learned from previous interventions, while developing a community-based care model with activities such as needs assessment, standardization of screening tools, development of counseling and referral procedures, training for community workers, and strengthened linkages with treatment facilities. Through this, the project aims to build a continuum of services from early detection to specialized treatment.

In 2025, the project completed its baseline assessment process, during which 407 clients were screened for mental health concerns to identify the key populations' needs in terms of mental health care. Among them, 21 clients showing signs of mental disorders were urgently referred to specialized services for assessment and treatment.

At the same time, the project continued to develop and validate the Quick Screening Tool on Mental Health for Key Populations (QSTKP), now designed for use with different population groups rather than being limited to people who use substances as in previous projects. This tool was implemented alongside the MINI questionnaire and clinical assessment to support early detection of signs of mental disorders, timely counseling, and referral. It was also integrated into the electronic data collection system to standardize procedures, monitor intervention progress, and assess effectiveness over time.

In parallel, the project established collaboration with health facilities, mental health specialists, and community-based organizations in project sites. Technical materials, screening tools, and training plans are also being finalized in preparation for the next phase of implementation.

These initial results show a clear need for mental health care among people living with and affected by HIV. They also affirm the importance of integrating screening and service linkage to support early detection of cases that require care. The approach, which combines mental health expertise with community networks, has also received interest and positive feedback from partners, opening up potential for future scale-up.

In the coming period, the project will continue to maintain and refine the interventions that have been developed, while standardizing procedures and delivering training in project sites. Building on these steps, DREAMH will work toward establishing an effective community-based mental health care model for people living with and affected by HIV, contributing to improved quality of life for communities and supporting the sustainable integration of mental health care into HIV programs.



Photo © SCDI
A DREAMH baseline assessment session conducted by a CBO member and SCDI staff. The activity helps identify common mental health concerns, understand clients' awareness of mental health care, and assess their current access to available support services.

our projects

Global Fund project to Fight HIV/AIDS

Period: 2024 - 2026

Donor(s): The Global Fund

Implementing sites: Hai Phong city, Ninh Binh province, Hung Yen province, Quang Ninh province, and Nghe An province

2025 key results

- 14,444 clients received all three HIV prevention service packages
- All newly detected HIV-positive cases in 2025 were connected to ARV treatment
- 1,508 women living with HIV attended communication sessions to strengthen their knowledge of HPV and cervical cancer prevention

contribute to our strategic goals

- 1 • End AIDS, Tuberculosis and Malaria
- 2 • Achieve Universal Health Coverage
- 4 • End Extreme poverty & Reduce Multi-dimensional Poverty

To contribute to the National Strategy to End AIDS by 2030 and respond to emerging challenges in HIV/AIDS prevention and control after the COVID-19 pandemic, the Global Fund to Fight HIV/AIDS project was implemented to strengthen the effective participation of social organizations and community-based organizations (CBOs) in reducing new HIV infections. The project aims to provide comprehensive health care services for communities at higher risk, including people who inject drugs (PWID), sex workers, men who have sex with men (MSM), and transgender women.

During the 2024-2026 phase, the project continues to implement both the traditional model and the CHEER model (Community HIV Epidemiological Evaluation and Response), combining proactive outreach to target clients with client recruitment through respondent-driven sampling (RDS). This approach not only helps maintain service coverage, but also provides field-based data on the HIV situation among target groups. Through this, cases requiring intervention can be identified and connected in a timely manner to appropriate health services.

In 2025, the project was implemented amid many policy and resource changes related to HIV/AIDS prevention and control, requiring flexible adaptation to maintain and deliver community-based interventions. With the proactive coordination of the project team, community outreach worker networks, and relevant local partners, the project reached and provided at least one HIV prevention service to 14,453 clients. Among them, 14,444 received all three prevention service packages. A total of 11,168 people received community-based HIV testing, through which 294 HIV-positive cases were recorded, including 103 newly detected cases. All newly detected cases

were connected to ARV treatment in a timely manner, demonstrating the clear effectiveness of community-based referral and follow-up mechanisms.

Notably, results from two RDS rounds conducted in 2025 in Que Phong commune (Nghe An province) and Hung Yen (previously Thai Binh province) showed positive progress in local HIV control, with the number of HIV-positive cases and newly detected cases continuing to decline compared with previous rounds.

In addition, reported data from the five provinces where the project is being implemented also showed that SCDI's interventions contributed to the detection of around 20% of all HIV-positive cases recorded over the past year. This reflects the increasingly important role of community-based models in case finding.

In parallel, the project continued to refer and connect clients to essential health services, including 1,368 referrals to PrEP, 537 to methadone treatment, 3,030 to STI screening and treatment, 205 to mental health-related services, 797 to hepatitis B and C treatment, and 258 to TB screening and treatment support. Support for ARV treatment adherence and health insurance enrollment was also maintained, helping reduce financial barriers and improve access to essential health services.

HPV and cervical cancer prevention for women living with HIV continued to be a key highlight of the project. In coordination with local health systems, the project organized 97 communication sessions for 1,508 women living with HIV, among whom 195 received financial support for screening tests. This activity not only improved access to services for women who face multiple barriers in accessing HPV

and cervical cancer prevention, screening, and early detection services, but also helped raise awareness of the importance of regular screening and strengthen connection to counseling, monitoring, and treatment services within the health system. Through this, the activity contributed to early detection and timely intervention for cases requiring support.

The positive results recorded in 2025 continued to affirm the effectiveness of community-based approaches in HIV control and in responding to related health issues. They also provide an important foundation for sustaining and expanding integrated intervention models, contributing to Vietnam's goal of ending AIDS by 2030.



Photo © SCDI

A communication session on HPV and cervical cancer prevention for women living with HIV in Nghe An province. With the direct engagement of local healthcare staff, the activity helps ensure that participants receive accurate information, practical guidance, and timely connection to relevant health services.

our projects

DRIVE-TB

Full name: Towards tuberculosis elimination among people who inject drugs: evaluation of a community-based intervention in Vietnam

Period: 09/2023 - 11/2026

Donor(s):

- National Agency for AIDS Research - Emergent Infectious Diseases (ANRS-MIE)
- University Montpellier, France
- New York University, USA

Implementing sites: Hai Phong city

2025 key results

- 930 clients screened for TB
- 19 clients received comprehensive support to adhere to and complete TB treatment

contribute to our strategic goals

- 1 • End AIDS, Tuberculosis and Malaria
- 2 • Achieve Universal Health Coverage
- 4 • End Extreme poverty & Reduce Multi-dimensional Poverty

Tuberculosis remains a major epidemiological concern among people who inject drugs (PWID). In Vietnam, as in many other countries, TB communication materials are mainly designed for the general population. As a result, awareness of TB risks and burden among PWID remains limited. TB screening currently takes place mostly in the context of addiction treatment, HIV treatment, or detention settings, but has not yet been implemented in a systematic and sustainable way. Consequently, many cases are not detected and treated in a timely manner, increasing the risk of mortality, community transmission, and drug-resistant TB.

Due to difficult living conditions, PWID often spend time in closed and crowded spaces, creating favorable conditions for TB transmission. Poor underlying health due to polysubstance use, methadone treatment, and coexisting health conditions also increases the risk of progression to active TB and makes recovery more difficult.

A major challenge in TB treatment for this group is the interaction between TB medications, including the 3HP regimen for latent TB infection, with methadone and other substances. Side effects, withdrawal symptoms, and difficulties in daily life increase the risk of treatment interruption. Meanwhile, methadone dose adjustment remains limited by health regulations, affecting timely symptom management and treatment adherence.

SCDI has implemented the DRIVE-TB project in Hai Phong since 2023 to assess the effectiveness of community-based interventions in TB prevention and control among PWID. The project builds on and further strengthens the role of community-based organizations (CBOs), many of whom had previously taken part in initiatives under DRIVE-HIV during the 2014-2020 period. With long-

standing experience in reaching and supporting communities, CBOs not only conduct screening and counseling, but also play an important role in accompanying clients through treatment, supporting adherence, and connecting them with health facilities.

In 2025, the project screened 930 clients for TB and recorded 9 TB cases, including 1 drug-resistant TB case. Most newly detected cases were connected to treatment in a timely manner, while some were already receiving treatment at the time of screening or were prioritized for management of underlying conditions at health facilities.

2025 also marked the project's final research round (RDS4). Among the 9 TB cases recorded in 2025, 6 were detected during RDS4 in December 2025. This result shows a clear downward trend compared with the early stage of project implementation, with the proportion of TB cases detected through screening decreasing from 4.4% (48/1,080) in November 2023 to 0.7% (6/864) in December 2025. This change reflects the clear effectiveness of community-based interventions in strengthening early detection, improving access to services, and contributing to TB control among PWID in Hai Phong.

Alongside screening, the project supported 19 clients to complete treatment and provided flexible, case-by-case social support to reduce barriers during treatment. This included support for TB examination and treatment costs, health insurance cards, methadone treatment, nutrition, housing, and other essential needs. TB communication activities were also maintained, with 12 communication sessions reaching 166 clients, contributing to improved awareness of TB prevention and control and encouraging more proactive access to health services in the community.

The results show that community-based interventions not only strengthen early detection, but also improve access to and adherence to treatment among PWID. By integrating screening, treatment, and social support, the project has developed a comprehensive intervention model that contributes to reducing the risk of TB, HIV, and co-infection transmission in Hai Phong.

The project also showed the growth of the CBO network over time. From their initial implementation role, CBOs have developed into a core force within the intervention system, taking part more deeply in project design, feedback, and activity adjustment based on community realities. Their coordination capacity and collaboration with local authorities have also been strengthened over time, helping ensure that activities are implemented steadily and remain relevant to the local context.

DRIVE-TB continues to affirm the role of community-based interventions in TB prevention and control, as well as in responding to other infectious diseases among PWID. The project also provides an important foundation for expanding similar models in the future, toward improving comprehensive health and reducing disease burden among vulnerable populations.

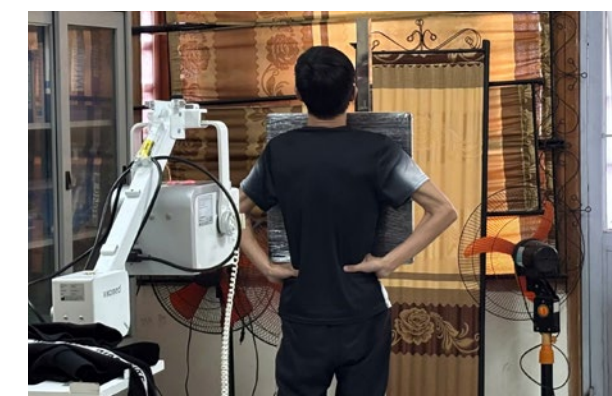


Photo © SCDI
A project client receives a chest X-ray as part of tuberculosis screening during the RDS4 round.

our projects

The Global Fund to Fight Tuberculosis

Period: 8/2025 - 12/2025

Donor(s): The Global Fund

Implementing sites: Hai Phong city, Nghe An province, Dak Lak province, Gia Lai province, Ho Chi Minh City, and Hung Yen province

2025 key results

- 17,358 people were screened for TB, through which 212 active TB cases were detected
- 439 group communication sessions were conducted, with 4,206 participants

contribute to our strategic goals

- 1 • End AIDS, Tuberculosis and Malaria
- 2 • Achieve Universal Health Coverage
- 4 • End Extreme poverty & Reduce Multi-dimensional Poverty

According to 2023 estimates by the World Health Organization (WHO), Vietnam records around 172,000 new TB cases and approximately 13,000 TB-related deaths each year. However, early case detection remains limited, especially in large geographic areas, remote and hard-to-reach locations, and densely populated areas where access to health services remains challenging. In addition, supporting people with TB to complete treatment fully and on time, while reducing TB-related stigma, remains a major challenge. This requires the sustained participation of community networks to improve the effectiveness of TB detection, treatment, and control.

In this context, since 2025, SCDI has worked with the National Lung Hospital to implement the Global Fund to Fight Tuberculosis project for the 2024–2026 period, contributing to the goal of ending TB by 2030 in project provinces by:

- Coordinating with provincial TB programs to strengthen early detection of active and latent TB, while supporting people with TB to access and complete treatment;
- Connecting, strengthening, and building the capacity of the Community System to End TB (CSET), and promoting the network's participation in local TB responses.

The project's key interventions include:

- Strengthening active TB case finding through two models, including large-scale community screening using mobile X-ray and outreach, screening, and referral of people with presumptive TB through the CSET network;
- Supporting people with TB during treatment, including treatment adherence support, health insurance linkage, and social support for people in difficult circumstances, in order to reduce barriers to accessing and continuing treatment; and

- Communication and counseling to enhance knowledge, raise awareness of TB, and reduce stigma toward people with TB.

In 2025, through both large-scale screening and community-based case finding models, the project provided X-ray screening for 17,358 people, through which 212 active TB cases were detected, accounting for 1.2%. Among the detected cases, 90.6% were supported by the CSET network to connect to treatment in a timely manner. In addition, 110 people with TB in difficult circumstances received nutrition support. A total of 439 group communication sessions were conducted, with 4,206 participant visits, including 348 people with TB or latent TB infection, 1,503 contacts, and 2,355 people at high risk of TB.

The results from the past year not only reflect the clear effectiveness of community participation in TB prevention and control, but also show the wider impact of the model beyond TB. In Hai Phong, the integration of TB screening with blood pressure measurement, blood glucose testing, and respiratory function assessment helped identify 39 cases of chronic obstructive pulmonary disease (COPD), 572 cases of hypertension, and 285 cases of high blood glucose. This shows the model's potential in bringing more comprehensive health care closer to communities.

In Ho Chi Minh City, the CSET network effectively reached people experiencing homelessness and people living in temporary housing areas, who accounted for around 30% of all people supported. This affirms the important role of communities in bringing health services closer to hard-to-reach groups. At the same time, flexible local initiatives, such as organizing screening sessions in the afternoon and evening in Hung Yen or providing transport support

for older people, helped improve access to services in practice.

In the coming period, the project will continue to maintain and expand the CSET model in project sites, while strengthening communication activities to reduce stigma and self-stigma, which remain barriers affecting health-seeking behavior. Building on the results achieved, SCDI and local partners will continue to consolidate lessons learned and refine guidance materials to support the scale-up of community-led monitoring models, contributing to greater sustainability in Vietnam's strategy to end TB.



Photo © SCDI
Active TB screening in Hai Phong.



Photo © SCDI
A CSET member in Gia Lai accompanies a person at risk of TB to a local health facility for screening and timely support.

our projects

Generating community demand & accountability for people-centred Drug-resistant TB Treatment and Care

Period: 10/2024 - 7/2025

Donor(s): Treatment Action Group (TAG)

Implementing sites: Across regions where SCDI is implementing projects on tuberculosis, HIV, and malaria.

2025 key results

- 104 CSET members and members of community groups supporting people with TB were trained on the BPAL/M regimen and on managing challenges during treatment
- 4 community meetings/consultations were organized with the participation of Lung Hospitals and community members in Nghe An, Gia Lai, Dak Lak, and Hai Phong

contribute to our strategic goals

- 1 • End AIDS, Tuberculosis and Malaria

According to the World Health Organization (WHO) Global Tuberculosis Report 2022, Vietnam is among the countries with a high burden of TB and multidrug-resistant TB globally, with an estimated 8,900 cases of multidrug-resistant/rifampicin-resistant TB (MDR/RR-TB). For many years, people with MDR-TB and pre-XDR/XDR-TB were treated with regimens lasting up to 20 months, involving multiple medicines, with a treatment success rate of around 70%.

Since January 2024, the new WHO-recommended drug-resistant TB treatment regimen, BPAL/M, has been included by the Ministry of Health in national guidelines and rolled out in 21 provinces and cities. This regimen uses four oral medicines, shortens treatment duration to 6–9 months, and increases the treatment success rate to around 90%. Compared with previous regimens, BPAL/M helps reduce treatment burden and side effects, supporting people with TB to recover and return to daily life sooner.

Given these circumstances, the project focuses on promoting a community-led approach to strengthen access to drug-resistant TB treatment and support the implementation of the new regimen in Vietnam through three main areas of work: (i) building the capacity of the Community System to End TB (CSET) and CBOs supporting people with TB on the BPAL/M regimen; (ii) consulting communities and partners on barriers to accessing TB treatment services, especially drug-resistant TB treatment; and (iii) sharing information, updates, and promoting dialogue with partners to identify solutions for improving treatment access.

In 2025, 104 CSET members and representatives of community groups supporting people with TB were trained on the BPAL/M regimen and

on skills to support treatment adherence. The project also organized 4 community meetings/consultations with the participation of Lung Hospitals and community groups in Nghe An, Gia Lai, Dak Lak, and Hai Phong. In addition, a thematic sharing session was held on barriers in drug-resistant TB treatment and the role of communities in the response.

Alongside direct activities, the project maintained exchange channels through Zalo and regular online technical support sessions, helping provide timely updates and support for issues arising during the process of accompanying people with TB.

Through the project's activities, community groups' understanding of the BPAL/M regimen improved significantly. Community members not only gained stronger knowledge, but also gradually developed the ability to observe and reflect real-life barriers in treatment, contributing recommendations that are relevant to local contexts.

From a broader perspective, deeper community engagement in implementation helped expand access to the new treatment regimen for groups of patients who still face many difficulties in accessing health care services, such as people living in difficult conditions or those facing barriers to maintaining continuous treatment.

At the same time, the two-way exchange mechanism between community groups and the National TB Control Program helped reflect practical challenges in a timely manner, contributing additional real-world evidence for service adjustment and improvement.

The project also created an important foundation for future initiatives, especially in monitoring the treatment process, supporting the management of side effects, and strengthening treatment adherence for drug-resistant TB in the community.



Photo © SCDI
A meeting between health partners and CSET members in Gia Lai province.

our projects

Community-Led Monitoring Model for Supporting Treatment Adherence in TB Patients

Period: 1/2025 - 6/2025

Donor(s): APCASO

Implementing sites: Nghe An province

2025 key results

- Treatment adherence support was provided to 187 people, including 183 people with drug-sensitive TB, 2 people with latent TB infection, and 2 people with multidrug-resistant TB;
- 34 people in difficult circumstances received nutrition and supplementary food support packages;
- 13 small-group communication sessions were organized by CSET members to provide knowledge on TB, prevention, and treatment for people with TB, their families, and close contacts.

contribute to our strategic goals

- 1 • End AIDS, Tuberculosis and Malaria
- 4 • End Extreme poverty & Reduce Multi-dimensional Poverty

According to the 2024 report by the National Tuberculosis Control Program, the treatment success rate for new and relapsed pulmonary TB cases in Nghe An reached 72.52%, significantly lower than the overall target. The situation remained challenging, as newly detected drug-resistant TB (DR-TB) cases only reached 62% of the annual target, treatment interruption remained a concern, and factors related to stigma against people with TB had not yet been fully and comprehensively analyzed. In addition, treatment costs continued to place a heavy burden on many households with members affected by multidrug-resistant TB (MDR-TB).

In light of these factors, SCDI designed and piloted the “Community-led monitoring model to support treatment adherence for people with TB” in Nghe An province, with the following objectives: (i) to support treatment adherence among three groups, including people who had not yet started treatment, those who had interrupted treatment, and those currently on treatment but at risk of interruption; (ii) to collect practical evidence to improve service quality and strengthen accountability within the health system; (iii) to promote policy dialogue based on community feedback at local and national levels; and (iv) to assess and share lessons learned to support model scale-up.

The model was implemented in 7 sites* in Nghe An province, including Vinh City, Cua Lo Town, and the districts of Nghi Loc, Hung Nguyen, Quy Chau, Que Phong, and Quynh Luu. Implementation followed several steps: assessing community capacity, developing coordination mechanisms with the Provincial

Lung Hospital and commune health stations, designing a community-led monitoring (CLM) framework, collecting and analyzing data using REDCap, and organizing regular dialogues with the local TB program.

As of the end of April 2025, with only 14 CSET members, the model had provided treatment adherence support to 187 people, including 183 people with drug-sensitive TB, 2 people with latent TB infection, and 2 people with MDR-TB. Among them, 41 people had completed treatment and 146 were continuing treatment. 34 people in difficult circumstances received nutrition and supplementary food packages to help reduce the financial burden during treatment. 13 small-group communication sessions on TB and infection prevention were also organized by CSET members for people with TB, their families, and close contacts, helping provide relevant knowledge and encourage more proactive responses to TB among populations at higher risk.

Through the project implementation process, practical treatment barriers were documented from the community perspective. These included patient-related factors such as self-stigma, fear of discrimination, limited knowledge, and financial difficulties, as well as health system-related factors such as inconsistent coordination, human resource shortages, and resource interruptions. These reflections were consolidated by CSET and shared with Nghe An Provincial Lung Hospital and district and commune-level TB services. They will also be included in a recommendation report to the National Tuberculosis Control Program after the model evaluation is completed in Q3/2025.

The model once again demonstrated the clear role of community networks in reaching people who face difficulties maintaining treatment, contributing to reduced risk of treatment interruption and promoting a two-way dialogue mechanism between communities and the health system. Despite limited resources and a short implementation period, initial results and recognition from partners show that this model has strong potential for scale-up, helping strengthen the role of communities in sustaining and supporting TB prevention and control efforts in a more sustainable way.

**The project sites are listed according to Vietnam’s administrative units before the restructuring from July 2025*



Photo © SCDI
CSET member deliver financial support to TB patient in Nghe An province.

our projects

Social participation in promoting achievement of Universal Health Coverage (UHC) in Vietnam

Period: 1/3/2024 – 31/3/2026

Donor(s): The George Institute for Global Health (TGI)

Implementing sites: Nghe An province, Hai Phong city, Gia Lai province

2025 key results

- Organized 4 training sessions to strengthen community members' knowledge of TB, health insurance, and UHC
- Organized 3 consultation meetings with the participation of local health partners and community members

contribute to our strategic goals

1 • End AIDS, Tuberculosis and Malaria

2 • Achieve Universal Health Coverage

Universal Health Coverage (UHC) aims to ensure that everyone can access essential health services equitably, safely, and without financial hardship. However, in practice, efforts to achieve UHC in Vietnam, particularly in the context of the TB response, continue to face many challenges.

People with TB, especially vulnerable groups, still face barriers in accessing diagnostic and treatment services and maintaining treatment adherence due to geographic limitations, health system resource constraints, and limited connection between the health system and communities. This shows that achieving UHC in TB does not depend only on the capacity of the health system. It also requires meaningful community participation across the entire care pathway, from accessing services and supporting people with TB, to monitoring treatment and documenting real-life challenges to improve service quality at the grassroots level.

Building on the community networks that have been developed and strengthened over many years through HIV and malaria interventions, as well as close collaboration with the health system, SCDI has implemented the project “Social participation in promoting achievement of Universal Health Coverage (UHC) in Vietnam” since 2024 in three provinces and cities: Hai Phong, Nghe An, and Gia Lai. The project aims to expand the UHC approach in TB through active community participation, contributing to improved access to health services and supporting Vietnam’s progress toward ending TB.

In 2025, the project continued to focus on strengthening the capacity and role of the CSET network as a bridge between the health system and the community. This was carried out through capacity-building activities, consultations, and community communication, while also creating spaces for community members to engage in dialogue and share their experiences, advantages, and challenges in supporting people with TB.

The project organized 4 training sessions on TB, health insurance, and UHC, helping community members not only gain knowledge, but more importantly, gradually develop a broader understanding of their role within the health care pathway. Through this process, community members moved from simply providing support to taking a more active role in identifying issues, asking questions, and sharing practical challenges faced by people with TB, thereby contributing to the improvement of health care programs and service quality.

In addition to a community-led communication event organized on World TB Day, the project also started a TikTok content creation initiative on Universal Health Coverage Day (December 12). The activity received 24 submissions and reached more than 10,000 people, creating an opportunity for community stories and perspectives from those directly accompanying and supporting people with TB to be shared more widely. It also helped bring issues such as treatment costs, stigma, and health insurance into community discussions.

After two years of participating in the project, the CSET network has shown clear changes in both capacity and role. From initially focusing mainly on reaching people with TB, the community network has gradually taken on a more active role in identifying issues, engaging with local health workers, and participating in discussions related to service improvement. These changes once again show that UHC in TB is advanced not only by expanding health interventions, but also by strengthening the real capacity and role of communities within the system. When communities are trusted, equipped with capacity, and given space to participate, they are not only service users, but also contributors to making public health solutions more relevant and sustainable.



Photo © SCDI
A review meeting held in Dak Lak province during World TB Day.



Photo © SCDI
A training on UHC in Nghe An.

our projects

DENGAGE

Full name: DENGue Awareness, Gaps and Exposure Gaps in Dak Lak, Vietnam

Period: 12/2024 - 12/2026

Donor(s): National Agency for AIDS Research - Emergent Infectious Diseases (ANRS-MIE)

Implementing sites: Dak Lak province

2025 key results

- 1,649 individuals participated in the serological survey
- 1,287 individuals participated in the knowledge, attitude, and practice (KAP) survey on dengue prevention and control

contribute to our strategic goals

- 4 • End Extreme poverty & Reduce Multi-dimensional Poverty

Dengue fever is one of the endemic infectious diseases in Vietnam, with cyclical outbreaks and the risk of large-scale epidemics in many localities. In Dak Lak, the number of dengue cases and dengue-related deaths has remained high in recent years. However, there are still major gaps in epidemiological data and community prevention behaviors. Most current surveillance systems focus on diagnosing acute cases, while information on community exposure levels and prevention behaviors remains limited. This makes it difficult to develop dengue prevention and control interventions that are effective and responsive to local realities.

With this situation in mind, SCDI implements the project “DENGue Awareness, Gaps and Exposure Gaps in Dak Lak, Vietnam - DENGAGE” to provide foundational evidence for local dengue prevention and control. The project aimed to assess the circulation of dengue virus in the community, identify high-risk groups, and analyze people’s knowledge, attitudes, and practices, as well as the capacity and support needs of grassroots health care providers in epidemic prevention and control.

To achieve this objective, the survey combined quantitative and qualitative methods to provide a comprehensive picture of the dengue situation in Dak Lak. The quantitative component included a cross-sectional serological survey using ELISA, a test that detects antibodies in the blood to identify people who have previously been or are currently infected with dengue virus. IgM levels usually indicate recent infection, while IgG levels help identify previous exposure to the virus. In parallel, a KAP survey, meaning Knowledge, Attitude, and Practice, was conducted to understand how people in project sites respond to dengue fever.

Alongside the quantitative survey, the project also collected qualitative data through focus group discussions and in-depth interviews to better understand the realities of dengue prevention and control at the local level, including existing advantages, challenges, and response capacity within the health system and communities. Specifically, 72 people, including those who had previously had dengue fever, those who had never had dengue fever, village health workers, and local community members, were divided into 9 groups to participate in focus group discussions. In addition, 33 in-depth interviews were conducted with health workers and commune- and provincial-level authorities to explore perspectives on implementation realities and response capacity at the grassroots level.

In 2025, the project engaged a total of 1,649 community members in the serological survey and 1,287 people in the KAP survey. Initial results showed that 43% of participants tested positive for IgG, reflecting a relatively high level of exposure to dengue virus in the community, especially in urban areas. People’s knowledge of dengue fever was generally at a moderate level, while a group with very limited understanding still remained. Dengue prevention practices were mostly at low to moderate levels, with a low proportion of good practices. Although knowledge tended to be positively associated with practice, this relationship was not fully consistent, showing that a clear gap between knowledge and action in dengue prevention still exists. In addition, intention to receive dengue vaccination remained limited in the community.

These results have added important pieces to the understanding of dengue fever in Dak Lak, not only from a health perspective, but also in terms of behavior and community readiness.

At the same time, the data also point to gaps in the current surveillance system, especially the lack of information on past exposure and behavioral data, both of which are important for more effective epidemic forecasting and control.

In the coming period, the data collected in 2025 will continue to be analyzed in greater depth and discussed with local authorities and the health sector to identify intervention priorities for the next phase. The research findings will serve as a foundation for developing dengue prevention and control programs that are more closely aligned with local realities, combining strengthened surveillance, behavior change communication, and improved local epidemic response capacity.



Photo © SCDI
Local people getting blood test and consultation on dengue fever as parts of the study.

our projects

The Gender Justice and Sexual Rights in Health Initiative

Period: 9/2024 - 5/2027

Donor(s): APCASO, Expertise France

Implementing sites: Nationwide, with a focus on SCDI's implementing sites

2025 key results

- Established a working group diverse in age and composition, with around 60 members working in the areas of TB, HIV, malaria, and sexual and reproductive health
- Organized 3 training sessions and 1 thematic meeting for the working group, creating space for learning and exchanging information, resources, and opportunities, while strengthening knowledge, skills, and the integration of gender equality and sexual health into local HIV, TB, and malaria programs
- Completed a national situation analysis report on gender equality and sexual health in the areas of TB, HIV, and malaria

contribute to our strategic goals

1 • End AIDS, Tuberculosis and Malaria

2 • Achieve Universal Health Coverage

5 • Protect Rights of Everyone

In Vietnam, women, girls, and people of diverse sexualities and genders continue to face many barriers in HIV, TB, and malaria interventions. Access to information, health services, and support resources remains affected by social prejudice, gender stereotypes, and policy gaps. As the country works toward ending the three diseases by 2030, ensuring equitable access to services and promoting the participation of these groups have become essential. This requires multidimensional and sustainable strategies to narrow existing gaps, while strengthening meaningful community participation in health-related planning and policy development.

Since September 2024, The Gender Justice and Sexual Rights in Health Initiative has been implemented to promote the participation of civil society organizations and target communities, including women, girls, and people of diverse sexualities and genders, in activities related to gender equality and sexual health in Vietnam.

The project's objectives are carried out through the establishment of a working group on Gender Equality and Sexual Health, bringing together individuals with experience and representatives from communities of women, girls, and people of diverse sexualities and genders. The working group promotes equitable access for women and girls affected by HIV, TB, and malaria, as well as people of diverse sexualities and genders, to services, information, and education related to the three diseases and health more broadly. At the same time, the project creates space for these groups to participate in policy design, implementation, and feedback, affirming their role in disease responses and in advancing gender equality in public health.

From an initial core group of 12 members, the working group expanded to 60 members in 2025, with diversity in age and areas of work, including TB, HIV, malaria, reproductive health, and sexual health. The project organized 3 training sessions and 1 thematic meeting, helping members strengthen their knowledge and skills in integrating gender equality and sexual health into local programs. In addition, the project completed a national situation analysis report on gender equality and sexual health in the areas of TB, HIV, and malaria. This document serves as an important foundation for guiding interventions in the next phase, while also creating a basis for the working group to contribute to policy discussions at the national level.

The results achieved so far have laid an initial foundation for efforts to advance gender equality and protect sexual health rights in

the context of HIV, TB, and malaria responses in Vietnam. Building on this, the project will continue to expand outreach and strengthen coordination with relevant stakeholders, including health service providers, policymakers, development and technical partners, through training and information-sharing activities.

Through these efforts, the project aims to deepen understanding of the barriers faced by women, girls, and people of diverse sexualities and genders in accessing health care services, especially those affected by HIV, TB, and malaria. From this understanding, the project is expected to contribute to the sustainable integration of gender equality and sexual health rights into public health programs, toward a more inclusive and equitable health system for all.



Photo © SCDI
A working group member shares about reducing HIV-related stigma and discrimination during the first REGENERATE Leadership & Learning Institute, organized by APCASO in Bangkok.

our projects

Breaking the Cycle

Period: 2021 – Ongoing

Donor(s): tesa Site Hai Phong Co., Ltd, World Bank, and One Egg A Day's donors

Implementing sites: Hanoi, Hai Phong city, Ho Chi Minh City

2025 key results

- 360 children received multidimensional support
- 189 children received educational grants
- 804 nutritional packages were delivered to the children in the program

contribute to our strategic goals

2 • Achieve Universal Health Coverage

3 • Achieve Universal Lower-secondary Education

4 • End Extreme poverty & Reduce Multi-dimensional Poverty

5 • Protect Rights of Everyone

Breaking the Cycle is an initiative launched by SCDI in response to growing inequality, which keeps children born and raised in disadvantaged families trapped in a cycle of poverty across generations. This cycle is not only about financial instability, but also a series of overlapping barriers: unstable family environments, limited access to education and health care, and restricted opportunities to develop cognitive functions and personal capacities.

From emergency support during the COVID-19 response, SCDI has gradually developed Breaking the Cycle into a long-term program with a deeper, evidence-based intervention framework centered on children's development. The program aims to break the intergenerational cycle of poverty, illness, and vulnerability, and contribute to ending poverty sustainably in Vietnam through:

- Improving access to education and strengthening employment readiness of children and young people in difficult circumstances, helping them enter formal employment with stable work and income;
- Developing and sharing a comprehensive, effective intervention model that can be scaled up and adapted flexibly across different locations and contexts.

To achieve these goals, over the past five years, we have continuously piloted, monitored, and assessed the effectiveness of different components within the Breaking the Cycle intervention framework, while implementing interventions across 03 levels:

- The individual level, including comprehensive support activities that help children start and stay in school, nurture and develop their self-efficacy (learning ability, independence, adaptability) and resilience (resilience and flexibility in the face of changing circumstances), two core

factors that help children move beyond the cycle of poverty and become agents of change in their own communities;

- The family level, including activities that strengthen the family foundation so children can grow up in a safer environment, while increasing parents' commitment to children's learning and development;
- The community level, including activities that mobilize resources and local community initiatives, with the participation of schools, social organizations, businesses, volunteers, and local authorities to create a multi-layered support network and improve the effectiveness and sustainability of interventions.

Together, these interventions create a comprehensive support ecosystem that addresses educational, legal, economic, psychological, and social barriers at the same time, building a stronger foundation for the long-term development of children and young people.



Photos © SCDI
Children born into poverty and growing up with limited resources often face many disadvantages in accessing opportunities to learn, grow, and reach their full potential.



Photo © SCDI
Mrs. Nguyen Phuong Hoa, a dedicated collaborator of Breaking the Cycle, delivers nutritional support to the children in the program in Hanoi.

our projects

Breaking the Cycle

Period: 2021 – Ongoing

Donor(s): tesa Site Hai Phong Co., Ltd, World Bank, and One Egg A Day’s donors

Implementing sites: Hanoi, Hai Phong city, Ho Chi Minh City

2025 key results

- 360 children received multidimensional support
- 189 children received educational grants
- 804 nutritional packages were delivered to the children in the program

contribute to our strategic goals

- 2 • Achieve Universal Health Coverage
- 3 • Achieve Universal Lower-secondary Education
- 4 • End Extreme poverty & Reduce Multi-dimensional Poverty
- 5 • Protect Rights of Everyone

In 2025, the program continued to provide comprehensive support for 360 children and young people across 03 project sites. Among them, the program supported the process of obtaining identification documents for 5 children so they could begin studying at public schools, provided scholarships to 189 children, and supported learning equipment for 60 children. In addition, the program provided 804 nutrition support packages to 352 children, supported health insurance for 138 children, and connected 77 children to health check-ups, helping prevent interruptions to their education due to health-related issues.

Activities to build soft skills, support children’s personal capacities, and strengthen their adaptive capacity were also maintained throughout the year, with a total of 35 group sessions and extracurricular activities organized. The topics of these sessions were designed based on children’s needs in each locality, ensuring that they were relevant and close to the real-life experiences of each group of children.

In Ho Chi Minh City, over the past year, the program team observed that many children had low self-confidence and held negative beliefs about themselves. This was reflected in the way children rarely shared their dreams and lacked belief in their own ability to grow. In response, the project proactively adjusted its intervention content and connected with volunteers with psychological expertise to co-design and deliver sessions on building children’s self-esteem. After taking part in these activities, many children became more confident, began to form dreams, and developed more positive expectations for their future. These are important changes that help children build trust, hope, and the motivation to keep trying to move beyond the cycle of poverty.

In addition, the program provided livelihood and housing support for 14 families, while maintaining connections with 58 volunteers and 16 organizations/individuals to strengthen the support ecosystem around children. By reinforcing the family and community foundation, these efforts helped ensure that interventions could be implemented continuously, with growing scale and depth.

With a partner and community network built over many years, the program mobilized additional resources to support children in more flexible and practical ways. Under the “Adopting a Dream” initiative launched by Aide et Action and HSBC, 40 children’s dreams were selected and committed to being realized. Support ranged from health care and surgery to essential learning and daily living items such as uniforms, school supplies, alarm clocks, and home repair support. These forms of support directly improved children’s living and learning conditions, giving them a stronger foundation to continue their education and nurture their dreams.



Photo © SCDI
Children in Hai Phong city carefully framed their dreams in self-decorated artwork before having them submitted to the “Adopting a Dream” initiative.

Also in the past year, Breaking the Cycle was selected as one of the 27 outstanding initiatives shortlisted for the Human Act Prize 2025, organized by Nhân Dân Newspaper. This recognition not only reflects the sustained efforts of the implementation team, but also demonstrates the effectiveness and scalability of the Breaking the Cycle model.

In the coming period, Breaking the Cycle will continue to be expanded and implemented in Gia Lai province, focusing on increasing access to education, vocational training, and decent employment opportunities for young people, while improving health and well-being for women and young children, especially during the first 1,000 days of life, a critical period for children’s physical and cognitive development.



Photo © SCDI
Mid-autumn celebration for children in the program in Ho Chi Minh City

Communications Report

contribute to our strategic goals

- 1 • End AIDS, Tuberculosis and Malaria
- 2 • Achieve Universal Health Coverage
- 3 • Achieve Universal Lower-secondary Education
- 4 • End Extreme poverty & Reduce Multi-dimensional Poverty
- 5 • Protect Rights of Everyone
- 6 • Reduce Practices Harmful to the Environment

Strategic communications remains crucial to SCDI's mission, serving not only as a way to share information, but also as a bridge that connects us with communities, partners, donors, and our own team. Through communications, community voices, experiences, and concerns are shared more widely in a humane, respectful, and people-centered way, helping foster public attention, dialogue, and collective support for the issues SCDI works on.

In 2025, this role continued to be reflected in the development of a diverse communications ecosystem, contributing to stronger connections between SCDI and communities, partners, donors, and the wider public across different communications spaces.

Strategic engagement with the media

In 2025, SCDI's presence in the media continued to grow, with 31 articles published - more than twice the number recorded in the previous year. Notably, most of these articles came from media outlets proactively reaching out for information, showing that SCDI is increasingly recognized as an organization with technical knowledge and practical perspectives on issues related to public health and community development.

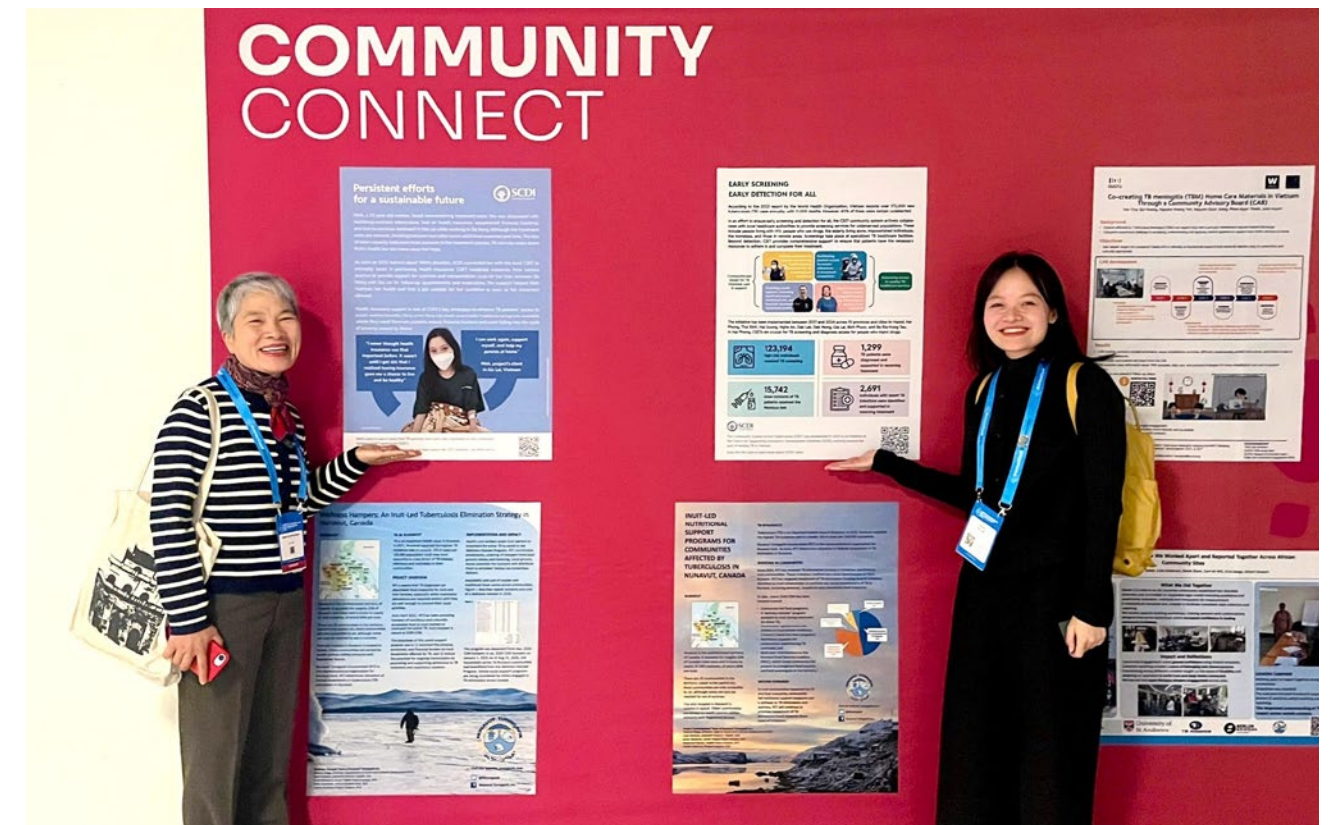
The media has therefore served not only as a channel for sharing information, but also as a way to bring community issues closer to the public and encourage broader dialogue on policy and intervention practices.

Amplifying community voices

Communications continued to work closely with technical programs to document field activities, produce community-centered content, and support the implementation of community-led communications initiatives. Many pieces of content were developed to highlight journeys of change, community voices, and the active role of communities, rather than focusing only on intervention results.

In addition, the TikTok content creation contest organized on Universal Health Coverage Day attracted 24 submissions and reached nearly 10,000 people. The contest created a space for members of the Community System to End TB (CSET) to share their stories and perspectives on supporting people with TB in their local communities.

Photo © SCDI
Communication materials on TB patients and the CSET network were shared at The Union World Conference on Lung Health.



Community Meeting 2025

contribute to our strategic goals

- 1 • End AIDS, Tuberculosis and Malaria
- 2 • Achieve Universal Health Coverage
- 3 • Achieve Universal Lower-secondary Education
- 4 • End Extreme poverty & Reduce Multi-dimensional Poverty
- 5 • Protect Rights of Everyone
- 6 • Reduce Practices Harmful to the Environment

“Community Meeting” is an annual event organized by the Centre for Supporting Community Development Initiatives (SCDI), creating an open space for community groups, partners, and SCDI to share experiences, discuss common priorities, and strengthen coordination in social support activities.

Over the years, the event has become a familiar and meaningful gathering, where community voices are heard and amplified. More than an opportunity to look back on the journey so far, Community Meeting is also a space to strengthen trust and connection among those working toward shared goals of sustainable development. From the dialogues and mutual understanding fostered here, many new initiatives have taken shape, contributing to a stronger and more connected community support system.

In 2025, the event was held in Quy Nhon (Gia Lai) from November 13 to 15, bringing together more than 150 delegates from 11 provinces and cities, including representatives from government agencies, partners, community-based organizations, and health and social experts. Over three working days, the meeting focused on discussing challenges in community health care and reviewing practical intervention models at the local level. It also provided an opportunity for stakeholders to identify priorities for future collaboration, grounded in real needs and centered on communities.



Photos © SCDI
Snapshots from the 2025 Community Meeting, where SCDI, partners, and community members shared experiences, discussed lessons learned, and explored ways to strengthen community-based interventions for the upcoming periods.

Together for Tet

contribute to our strategic goals

- 4 • End Extreme poverty & Reduce Multi-dimensional Poverty

Together for Tet is an annual event organized by One Egg a Day* in collaboration with SCDI, aimed at delivering warm Tet gifts to the most disadvantaged families. The gift packages are distributed to individuals and families facing hardships, including those involved in SCDI projects or supported by One Egg a Day, such as families of children in the “Breaking the Cycle” program, impoverished tuberculosis patients, people living with HIV, and drug users.

In 2025, 838 gift packages were distributed by SCDI staff, community network members, and One Egg a Day volunteers, bringing warmth and joy during the Tet holiday.

**One Egg a Day is a charity program initiated in 2017, aims to mobilize contributions to support the most vulnerable in society, enabling them to overcome difficulties and foster long-term sustainable development.*



Photo © SCDI
Tet gift packages filled with nutrition support tailored to each local context and are ready to be delivered to those who need them most.



Photo © SCDI
SCDI staff and volunteers delivering Tet gift packages to people in difficult circumstances.

Off-project activities

Supporting women and girls affected by floods

contribute to our strategic goals

4 • End Extreme poverty & Reduce Multi-dimensional Poverty

5 • Protect Rights of Everyone

In October 2025, due to the impacts of Typhoon Matmo's circulation, Thai Nguyen province experienced prolonged heavy rainfall, causing severe flooding in many areas, seriously disrupting people's lives, and leaving many essential needs unmet in time.

In emergency support activities for affected communities, alongside basic necessities such as food, clean water, and safe shelter, personal hygiene needs, especially menstrual hygiene for women and girls, are also essential but often not given adequate attention.

Understanding this need, SCDI connected with and received support from Kotex, a brand under Kimberly-Clark Vietnam Co., Ltd., to provide 13,000 packs of sanitary pads, supporting around 6,000 women and girls in areas heavily affected by storms and floods in Thai Nguyen.

This activity not only responded to an essential hygiene need in an emergency context, but also represented care and solidarity, helping ease the often-unspoken difficulties that women and girls face, yet are easily overlooked amid the many urgent concerns that follow a disaster.



Photo © SCDI



Photo © SCDI
13,000 packs of Kotex sanitary pads reached women and girls affected by the floods, with support from the Thai Nguyen Women's Union and Thai Nguyen University of Education.

Human Act Prize 2025

contribute to our strategic goals

- 3. Achieve Universal Lower-secondary Education
- 4. End Extreme poverty & Reduce Multi-dimensional Poverty
- 5. Protect Rights of Everyone

The Human Act Prize is a national award organized annually by Nhan Dan Newspaper to honor individuals and organizations with positive, creative, and sustainable contributions to community development.

Among 160 submissions to the Human Act Prize 2025, SCDI's Breaking the Cycle program became one of 27 outstanding initiatives recognized in the Final Round and featured at the 2025 Human Act Prize Exhibition on Hoan Kiem Lake Walking Street. Finalist projects were assessed based on five criteria: commitment, sustainability, creativity, impact, and the ability to spread and inspire action.

Against these criteria, this milestone is not only a recognition of the sustained efforts of the program team, partners, collaborator networks, and volunteers, but also an affirmation of the effectiveness of the intervention approach that SCDI has been pursuing. Breaking the Cycle has demonstrated strong potential for scale-up, transfer, and long-term social impact, not only by opening more learning opportunities for children, but also by strengthening trust, connection, and shared responsibility within communities.



Photos © SCDI
Information about the Breaking the Cycle program at the Human Act Prize 2025 exhibition.



Photo © SCDI

DEVELOP TOGETHER



Photos © SCDI



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