SCDI
Develop Together

CENTRE FOR SUPPORTING COMMUNITY DEVELOPMENT INITIATIVES

STRATEGIC PLAN
2021-2030

Updated in 2025

LEAVE NO ONE BEHIND

every single person, regardless of their ethnicity, political stand, legal status, sexual orientation or gender identity,...

Photos © SCDI

Contents

Make a Difference Together

⟶ **www.scdi.org.vn**

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

Photo © SCDI

The world we image

An inclusive society that supports the well-being of everyone, on a planet where human lives 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.

Where we're headed

SCDI's work will contribute to increase social inclusion and overall well-being of the marginalized and vulnerable populations and to protect the environment in Vietnam and beyond.

15 years of perseverance

Since 2010, SCDI has been working tirelessly with the most vulnerable and marginalized communities toward a society where no one is left behind.

The heartbeat of our work

equity
Meet people where they are and work with them so that they get to the place they want to be.

dignity
Respect and protect dignity and rights of each and every individual with whom and to whom we work.

integrity
Having organizational credibility and trustworthiness. Having a strong sense of principle and commitment to its causes.

effectiveness
Delivering on program and project commitments. Achieving strategic objectives with impact and measurable results.

concern for quality
Consistently setting and adhering to high quality standards, processes, outputs and outcomes. Continuous aspiration towards improving work, processes and systems.

transparency
Practicing organizational accountability by being open about information and decisions.

egalitarianism & fairness
Practicing and asserting fair treatment of people, and according every one equal inherent worth and rights.

partnership & collaboration
Striving to understand and address the real needs and issues of partners and constituents. Planning and implementing program and activities in a participatory and collaborative manner. Respecting the autonomy and right to self-determination of each CBO or NGOs with regards their own priorities and methods of organization.

generosity
Sharing information and resources, and providing technical assistance wholeheartedly and to the best of the as part of its abilities, all as part and parcel of its mandate to support community systems strengthening.

Areas of Work, Programs & 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

Our Programs

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.

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.
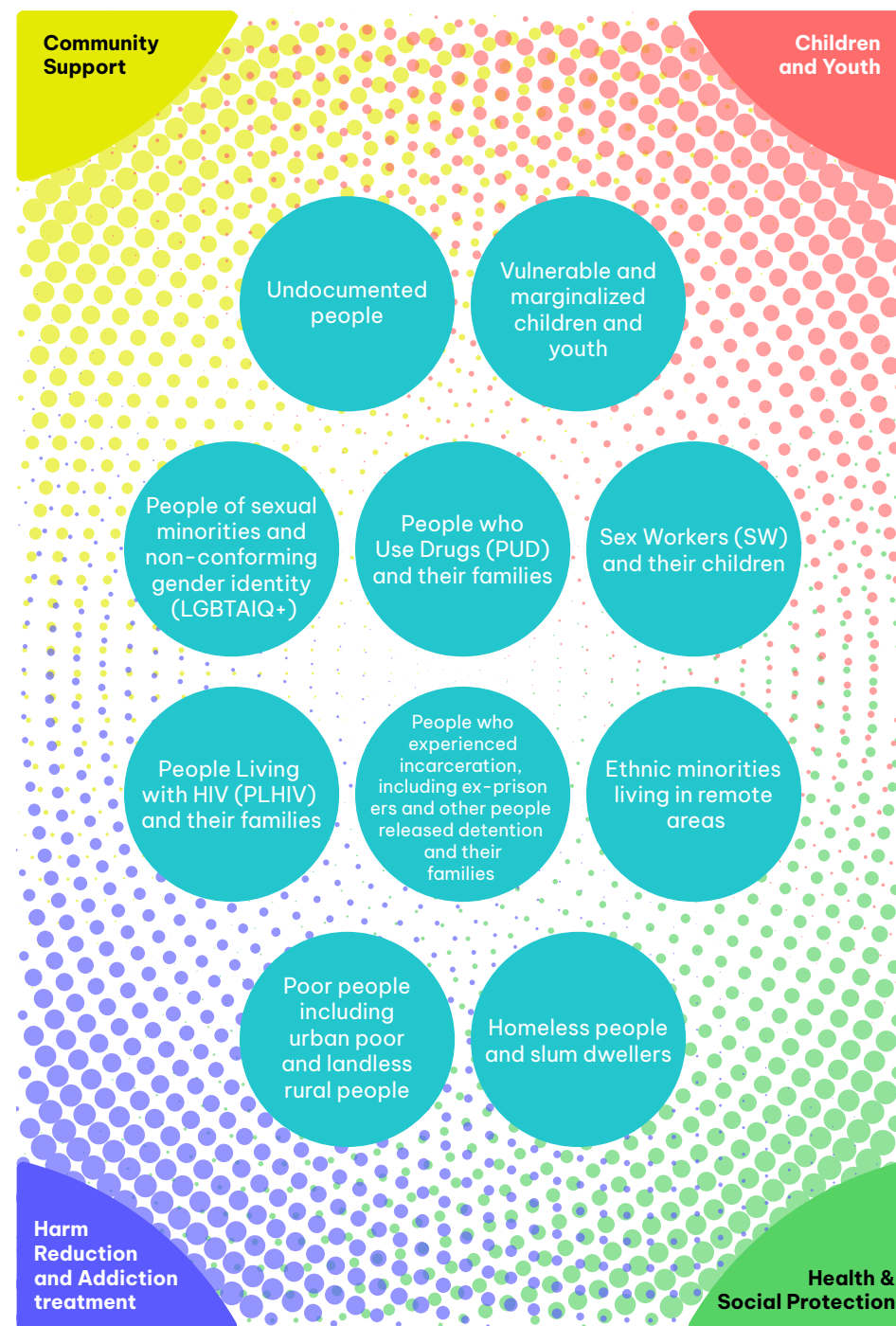
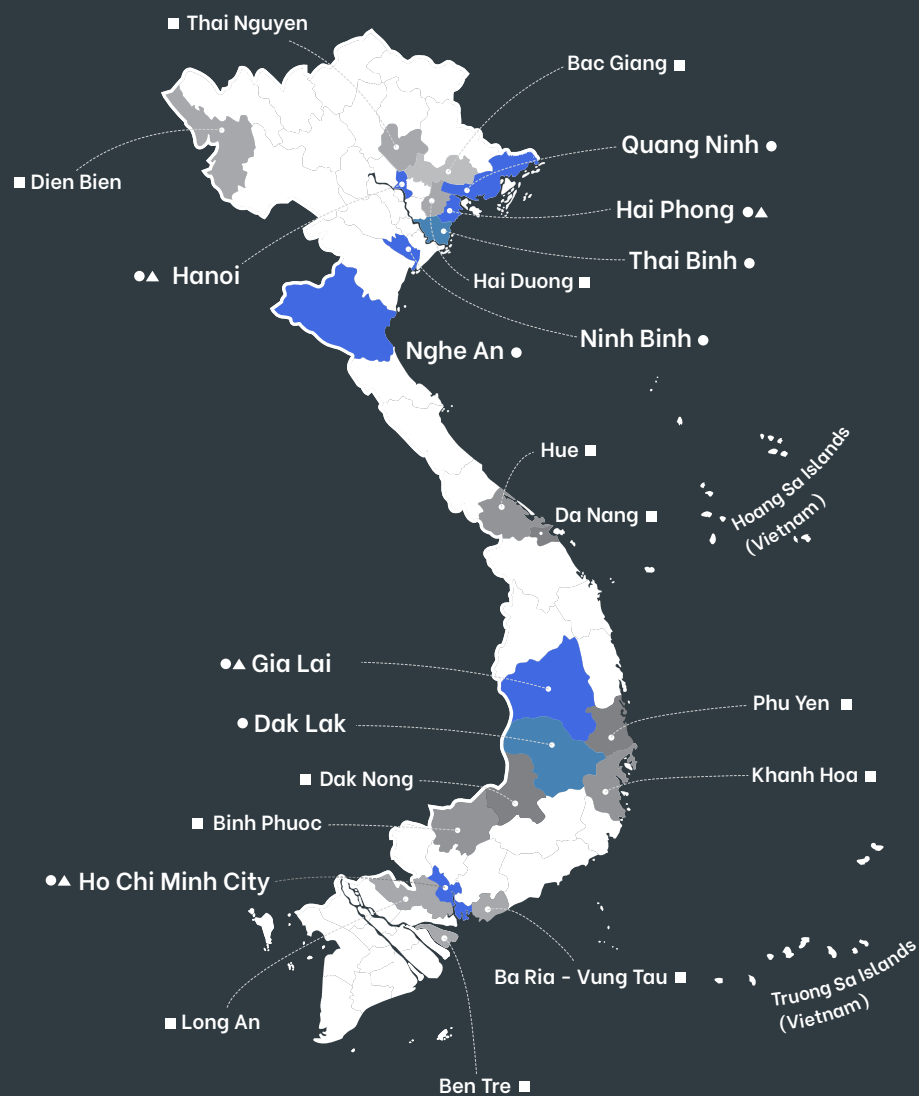### HARM REDUCTION & ADDICTION TREAMENT

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.

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.

Community Support

Children and Youth

- Undocumented people
- Vulnerable and marginalized children and youth
- People of sexual minorities and non-conforming gender identity (LGBTAIQ+)
- People who Use Drugs (PUD) and their families
- Sex Workers (SW) and their children
- People Living with HIV (PLHIV) and their families
- People who experienced incarceration, including ex-prisoners and other people released detention and their families
- Ethnic minorities living in remote areas
- Poor people including urban poor and landless rural people
- Homeless people and slum dwellers

Harm Reduction and Addiction treatment

Health & Social Protection

2025 Implementing Sites

■ Thai Nguyen

Bac Giang ■

Quang Ninh ●

Hai Phong ●▲

Thai Binh ●

Hai Duong ■

Ninh Binh ●

■ Dien Bien

●▲ Hanoi

Nghe An ●

Hue ■

Da Nang ■

Hoang Sa Islands
(Vietnam)

●▲ Gia Lai

Phu Yen ■

● Dak Lak

■ Dak Nong

Khanh Hoa ■

■ Binh Phuoc

●▲ Ho Chi Minh City

Ba Ria - Vung Tau ■

Truong Sa Islands
(Vietnam)

■ Long An

Ben Tre ■

● Focused City/Province

▲ Regional Office

■ Completed Project Site

Photo © SCDI

SUSTAINABLE ALIGNMENT

A STRATEGIC PLAN FOR GROWTH

Photo © SCDI

On the background

Sustainable Development Goal as the new global agenda

The year 2015 marked the transition from Millennium Development Goals to Sustainable Development Goals (SDGs) with a much broader development agenda. All development aspects that affect the populations SCDI working with are addressed in the SDG agenda, including prevention and treatment of substance abuse, universal health coverage, elimination of HIV, TB and malaria, combating substance abuse as well as access to justice and poverty eradication.

This sets a very clear framework for SCDI to advance its mission.

Photo © SCDI
CMAT (Community Malaria Action Team) has been working tirelessly since 2017 towards the goal of ending malaria in key provinces in the Central Highlands. CMAT has become one of the key community systems not only in malaria elimination but also in TB outreach and prevention in this region.

Country context

As the country grows economically, inequality grows bigger. The government has made a lot of efforts to address this concern. However, almost all government's program to address health, social, legal and other needs of disadvantaged populations are implemented by the government agencies, using the administrative system, which eventually exclude people who are not legally registered with the administration – the case of many people of marginalized populations.

At the same time, environmental disasters have been increasingly threatening safety and livelihood of the population, especially the vulnerable people. In addition to that, Vietnam is among the countries most affected by climate change, as being seen in floods in Ho Chi Minh city and salination of river and soil in Mekong Delta. The poor and vulnerable people whose adaptability is limited, more often than not, are pushed further to poverty and vulnerability.

Covid pandemic makes the situation worse for the marginalized and vulnerable populations, limited opportunities taken away, families further impoverished. Cycles of poverty are deepened. At societal level, inequality and inequity are widen. The government tries to address this by Covid-relief cash transfer and other relief programs. This helps to mitigate some impacts of the pandemic. However, given the magnitude of the crisis, it is not possible for the government efforts to help stabilize all these families.

In this context, civil society has an important role to play in advocating for the well-being of these populations as well as to deliver support for recovery from the pandemic. The positive developments have been seen. A significant number of organizations and networks of key populations for HIV and community organizations support them has been established and linked up, creating a strong foundation for advocacy and intervention programs. As a part of the process, constructive and effective engagement of civil society, including local NPOs and the key populations for HIV (sex workers, people who use drugs…) in the past years, has built confidence of both civil society and the government on the possibility of fruitful partnership.

The financial challenge requires government's attention to efficiency, leads to the government's reform of public services: moving from government-run programs to contract-based services, which can be an opportunity for civil society to participate.

These opportunities for civil society have not yet materialized though, and the next ten year will be the defining period for the engagement of civil society- including NPOs like SCDI - in the development of Vietnam.

Photo © SCDI
A Vietnamese soldier is supporting the distribution of SCDI's disadvantaged children support packages during the COVID-19 pandemic's social distancing restrictions.

On the background

SCDI – looking back and looking forward

SCDI, being anchored to the mission of improving life of marginalized populations have gained trust and confidence of populations we work with. We have built partnership with many marginalized and vulnerable populations - People living with HIV (PLHIV), People who use drugs (PUD), Sex workers (SW), LGBTIQ+, homeless people, urban poor, ethnic minority people. We have been instrumental in the formation of different community networks – VNPUD, VNSW, VNMSMTG, VCTB, VCSPA. This reputation and experience will be very helpful for SCDI in building partnership with other marginalized populations.

Working with and for marginalized populations, understand that policy change is important, but translating policy to program is also equally important, we pioneer in developing technical know-how in some programmatic areas that are challenging and/or neglected, such as interventions to protect sex workers, treatment of substance abuse, interventions to build resilience for marginalized children. Speaking of SCDI is speaking of constructive engagement with various stakeholders, including the community, government and donors. It is also because SCDI values long-term partnership, focus on long-term goals, escape "project" mentality.

The first strategic plan of SCDI 2011-2015 "Awakening Potentials" – focusing on empowerment of the most marginalized populations, particularly those affected by HIV, creating a community system that can identify and voice the needs of their own populations, address some of those needs. We can declare "mission accomplished" as networks have been formed, system has been in place, their populations have been recognized, and other organizations and programs are working to widen and strengthen the networks.

For the period 2016-2020, inspired by Sustainable Development Goals which agreed by Vietnam and other UN member states, SCDI focused on fostering development opportunities of the most vulnerable and marginalized populations. In those 5 years, with people-centered approach, SCDI went further in engagement with the target populations, to start address some fundamental development challenges facing these populations, following SDG targets such as SDG3 on substance abuse, HIV, TB, Malaria, universal health coverage…

In 2020, as Covid-19 pandemic broke out, SCDI initiated and delivered Covid relief activities that reached clients of our programs and the people vulnerable to the crisis and Covid brought about. This effort eventually extended our reach and broadened our scope of intervention, to the populations that SCDI did not target before such as the homeless, slum dwellers and the landless rural population. We also realized that these populations are prone to practices harmful to the environment (abuse of plastic, misuse of pesticides or herbicides…) while they easily fell victims of environment disaster or climate change due to lack of resilience. The engagement with these populations through Covid response helped SCDI identify critical development gaps among these and other vulnerable populations.

Moving forward, SCDI is determined to expand our scope of work to address some of these gaps such as poverty, education, justice, gender inequity and environment using population-centered approach.
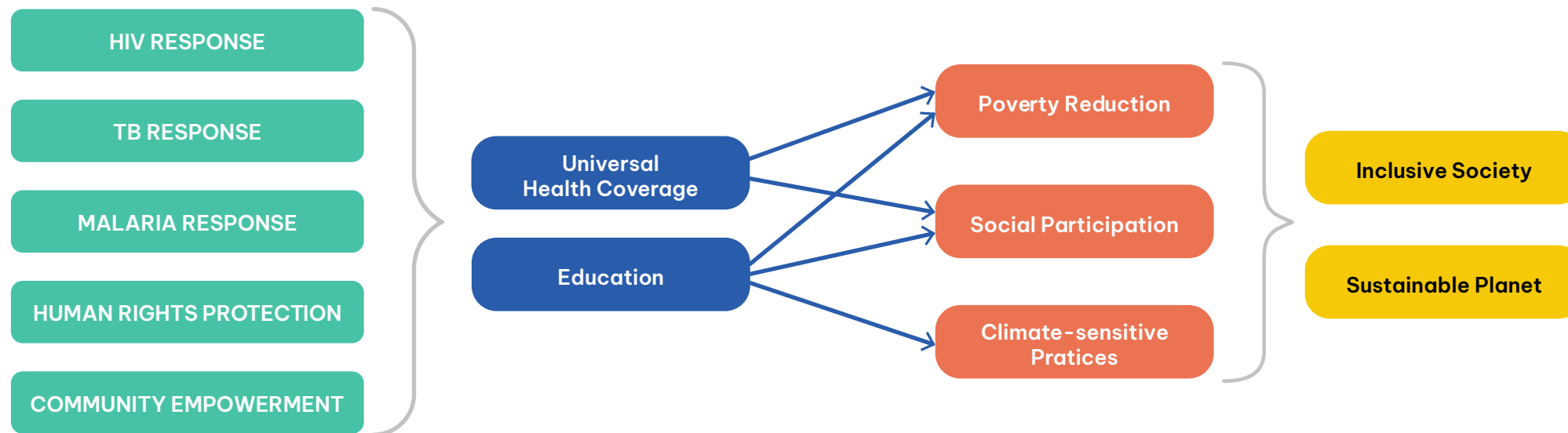

develop together

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Theory of change
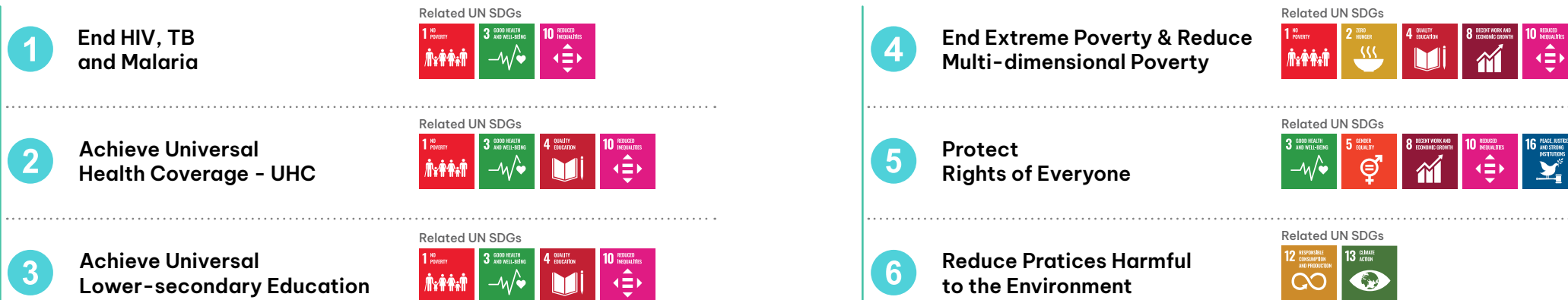
strategies

outcomes
By 2030

goals
Beyond 2030

HIV RESPONSE

TB RESPONSE

MALARIA RESPONSE

HUMAN RIGHTS PROTECTION

COMMUNITY EMPOWERMENT

Universal Health Coverage

Education

Poverty Reduction

Social Participation

Climate-sensitive Pratices

Inclusive Society

Sustainable Planet

2021 - 2030 Strategic Goals

1 End HIV, TB and Malaria

Related UN SDGs

2 Achieve Universal Health Coverage - UHC

Related UN SDGs

3 Achieve Universal Lower-secondary Education

Related UN SDGs

4 End Extreme Poverty & Reduce Multi-dimensional Poverty

Related UN SDGs

5 Protect Rights of Everyone

Related UN SDGs

6 Reduce Pratices Harmful to the Environment

Related UN SDGs

Strategic Goals & Targets Indicator

GOALS

End HIV, Tuberculosis and Malaria	Achieve Universal Health Coverage	Achieve Universal Lower-secondary education	End Extreme Poverty and Reduce Multi-dimensional Poverty	Protect Rights of Everyone	Reduce Practices Harmful to the Environment

TARGETS

TARGET 1.1	TARGET 1.2	TARGET 1.3	TARGET 2.1	TARGET 2.2	TARGET 3.1	TARGET 4.1	TARGET 4.2	TARGET 5.1	TARGET 5.2	TARGET 5.3	TARGET 5.4	TARGET 6.1	TARGET 6.2
For HIV, to achieve an incidence of 1 new infection per 1,000 persons/year among all KPs	For TB, to achieve an incidence of less than 20 cases per 100,000 population	For malaria, to achieve elimination targets set by government for each province	To achieve at least 95% social health insurance (SHI) coverage among VMPS	To have all major health needs of the VMPs covered by the national UHC schemes (SHI or others)	Proportion of vulnerable and marginalized children finish secondary school is equivalent to that in the general population of the province	To eliminate extreme poverty among VMPs by 2027	To eliminate multidimensional poverty among VMPs by 2030	All people of VMPs have a personal identification (PI) and recognized by the government	VMPs can access legal and administrative services when they need	Policymakers, service providers, VMPs and the public have knowledge of sexual orientation, gender identity & expression, sexual characteristics (SOGIESC) and rights	Mitigate the violence among/towards VMPs	To document and communicate impacts of environment and climate change on VMPs	To identify practices of the VMPs that harmful to the environment and start to change

INDICATOR

1.1	1.2	1.3	2.1	2.2	3.1	4.1	4.2	5.1	5.2	5.3	5.4	6.1	6.2
Rate of annual new HIV cases detected by SCDI over total new cases in the province.	Rate of annual new TB cases detected by SCDI over total new cases in the province.	Rate of new malaria cases detected by SCDI over the total new cases in the province.	Rate among VMPs in the province have SHI cards.	Results of SCDI advocacy efforts to enhance the access to healthcare services that are not covered by SHI.	Rate among VMP children under 15 remained at school.	The total number of households living in extreme poverty in the province.	The total number of poor households based on multidimensional poverty.	Rate among VMPs have sufficient PI documents (PIDs)	Rate among VMP who cannot access public administrative and legal services.	The improved awareness of policymakers, service providers, VMPs and the general public on SOGIESC and rights demonstrated by policies, public statements & media.	Victims of domestic violence, gender-based violence and child violence are provided with intervention to mitigate the adverse experiences and support the recovery.	The awareness of VMPs on environmental issues.	Information on environmental harmful practices carried out by VMPs.
Provincial HIV treatment cascade among KPs.	Rate of annual new latent TB cases detected by SCDI over the total new latent cases in the province.	Rate of cases who completed the malaria treatment with SCDI's support over the total provincial number.	Rate among VMPs in the province can use SHI cards for healthcare services.	Rate among people who use drugs can access harm reduction and/or addiction treatment services provided/supported by SCDI.		Rate of extreme poverty households among VMP households in the province.	Rate of multidimensional poor households among VMPs in the province.	Rate among VMPs have residency registration (RR).	Results of SCDI communications and advocacy efforts to improve the accessibility of VMPs to public administrative and legal services.				Plans to change such harmful practices among VMPs.
Provincial HIV new infection rate.	Provincial TB and latent TB cascade.	Provincial total malaria new infections.				Rate of households who escaped the extreme poverty due to SCDI's support.	Rate of households who escaped the multidimensional poverty due to SCDI's support.	Rate among VMPs obtain PIDs due to SCDI's support.					
	Provincial TB new infection rate.							Rate among VMPs have RR due to SCDI's support.					

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