

# HIV/AIDS PREVENTION AND CARE IN VIET NAM

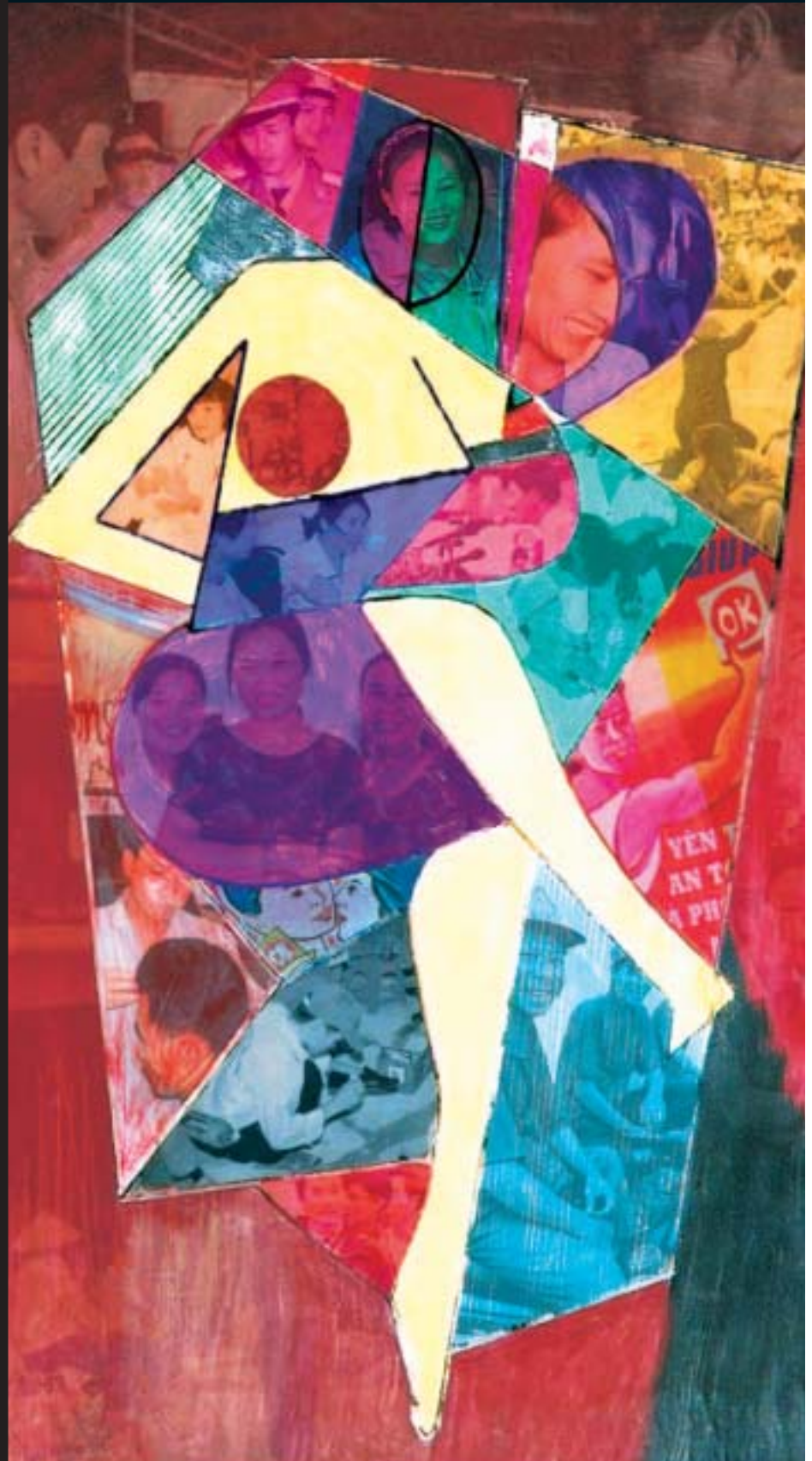
Lessons Learned

from the

FHI/IMPACT

Project

1998-2003



## South-East Asia | Viet Nam



**Cover illustrations by Phan Van Duc,  
Phu Tai 05/06 center resident in  
Binh Dinh Province.**

Mr. Duc, a peer educator, passed away  
from AIDS in May, 2002.

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# FOREWORD

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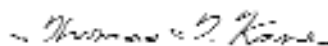
**S**ince the first HIV infection was reported in Viet Nam in December 1990, the HIV/AIDS epidemic has marched relentlessly onward to reach every province and thousands of communes throughout the country and at a pace that has become increasingly difficult for the government of Viet Nam to cope with effectively. As of December 2003 over 75,000 people in Viet Nam were reported to be HIV+, but the true number is likely to be three or more times higher.

Beginning in May 1998, Family Health International expanded its support to the Government of Viet Nam in its efforts to fight the spreading HIV/AIDS epidemic throughout the country. With funding from the United States Agency for International Development, the FHI/IMPACT Project has worked with its national partners at the Ministry of Health and National AIDS Standing Bureau and with provincial partners at the Provincial Health Services and Provincial AIDS Standing Bureaus. Family Health International collaborates with these partners primarily to introduce effective HIV/AIDS prevention interventions, using a variety of behavior change communication channels (e.g., mass media and one-to-one peer education) and risk reduction approaches targeting various vulnerable groups. These target groups have included injecting drug users, sex workers and their clients, men in the general population, and mobile youth.

This report documents the work of FHI/IMPACT from 1998 to 2003, including the process and activities undertaken in both HIV/AIDS prevention and care and in capacity-building efforts. It relates to the major achievements, challenges, and lessons learned, and the future direction of FHI-supported HIV/AIDS work in Viet Nam in the years to come. As the report reflects on lessons learned through the implementation of FHI-supported projects in Viet Nam, an essential lesson draws to the forefront; the importance of partnerships with local authorities. Working closely with community authorities, advocating to gain government support, involvement, ownership, and participation has had a significant impact on the success of projects. One of the most recent areas of work is "Greater Investment of People Living with AIDS" or GIPA. It especially requires support from authorities.

On behalf of FHI, I would like to express our thanks to all our partners for the excellent work and great achievements we have attained together so far, especially to Professor Chung A (formerly of the National AIDS Standing Bureau), Dr. Tran Chi Liem, Vice Minister of Health, and Professor Pham Manh Hung, former Vice Minister of Health. We hope that our future work with our partners will have an even greater impact on stemming the HIV/AIDS epidemic in Viet Nam. We also hope that this report will be a useful tool or guide for others embarking on the critically important mission of HIV/AIDS prevention and care in Viet Nam.

**Thomas T. Kane, Ph.D.**  
Country Representative  
Family Health International



Ha Noi, Viet Nam  
2004

# ACRONYMS

<b>ADB</b>	Asia Development Bank
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ANC</b>	Antenatal Care
<b>ANE</b>	Asia Near East Bureau of USAID
<b>APD</b>	Asia and Pacific Field Programs Division of FHI
<b>ARO</b>	Asia Regional Office (now known as APD)
<b>ARV</b>	Anti-retroviral Therapy
<b>ATS</b>	Anonymous Testing Site
<b>BCC</b>	Behavior Change Communication
<b>BCI</b>	Behavior Change Intervention
<b>BSS</b>	Behavioral Surveillance Survey
<b>CAPS</b>	Center for AIDS Prevention Studies
<b>CCG</b>	Core Communication Group
<b>CDC</b>	Centers for Disease Control
<b>COHED</b>	Center for Community Health and Development
<b>COW</b>	Community Outreach Worker
<b>CSM</b>	Condom Social Marketing
<b>DASB</b>	District AIDS Standing Bureau
<b>DHS</b>	District Health Service
<b>DFID</b>	Department for International Development
<b>DKT</b>	DKT International
<b>DOH</b>	Department of Health
<b>DOLISA</b>	Department of Labor, Invalids and Social Affairs
<b>ECHO</b>	The Eastern Connecticut Health Outreach Model
<b>FASID</b>	The Foundation for Advanced Studies on International Development
<b>FHI</b>	Family Health International
<b>FSW</b>	Female Sex Workers
<b>GIPA</b>	Greater Involvement of People Living with HIV/AIDS
<b>GOV</b>	Government of Vietnam
<b>HCMC</b>	Ho Chi Minh City
<b>HIV</b>	Human Immunodeficiency Virus
<b>HSS</b>	HIV Sentinel Surveillance
<b>IA</b>	Implementing Agency
<b>ICAAP</b>	International Conference on AIDS in Asia and the Pacific
<b>IEC</b>	Information, Education and Communication
<b>IDU</b>	Injecting Drug User
<b>IHRC</b>	International Harm Reduction Conference
<b>IRIS</b>	Identification and Rewards Information System
<b>IMPACT</b>	Project on HIV/AIDS implemented by FHI
<b>KAPB</b>	Knowledge, Attitudes, Practice and Behavior
<b>KFW</b>	Kreditanstalt für Wiederaufbau
<b>KSW</b>	Karaoke Sex Workers
<b>LADECEN</b>	The Training Department of the Labor Development Center

<b>LDTD</b>	Long Distance Truck Drivers
<b>MIS</b>	Management Information System
<b>MOH</b>	Ministry of Health
<b>MOLISA</b>	Ministry of Labor, Invalids and Social Affairs
<b>MOU</b>	Memorandum of Understanding
<b>MSH</b>	Management Sciences for Health
<b>MSM</b>	Men Who Have Sex With Men
<b>MW</b>	Migrant Workers
<b>NAB</b>	National AIDS Bureau
<b>NAC</b>	National AIDS Committee
<b>NASB</b>	National AIDS Standing Bureau (formerly NAB)
<b>NCADP</b>	National Committee for AIDS Prevention and Drug and Prostitution Control
<b>NCPFP</b>	National Committee for Population and Family Planning (now CPFC)
<b>NGO</b>	Non-governmental Organization
<b>NIHE</b>	National Institute of Hygiene and Epidemiology
<b>NTO</b>	Non-Traditional Outlet
<b>PACCOM</b>	People's Action Coordinating Committee
<b>PASB</b>	Provincial AIDS Standing Bureau
<b>PATH</b>	PATH International (Program for Applied Technology in Health)
<b>PDB</b>	Programmatic Data Base
<b>PDI</b>	Peer-Driven Intervention
<b>PE</b>	Peer Educator
<b>PHS</b>	Provincial Health Services
<b>PLWHA</b>	People Living With HIV/AIDS
<b>PO</b>	Program Officer
<b>PRS</b>	Project Running Section
<b>PSA</b>	Public Service Announcement
<b>RTI</b>	Reproductive Tract Infections
<b>SARS</b>	Severe Acute Respiratory Syndrome
<b>SGS</b>	Second Generation Surveillance
<b>SHAPC</b>	STD/HIV/AIDS Prevention Center
<b>SSW</b>	Street-based Sex Workers
<b>STI</b>	Sexually Transmitted Infections
<b>SW</b>	Sex Worker
<b>TA</b>	Technical Assistance
<b>TB</b>	Tuberculosis
<b>TO</b>	Technical Officer
<b>TOT</b>	Training of Trainers
<b>UNAIDS</b>	United Nations AIDS Coordinating Body
<b>UNFPA</b>	United Nations Fund For Population Activities
<b>USAID</b>	United States Agency for International Development
<b>VCT</b>	Voluntary Counseling and Testing
<b>VINAFPA</b>	Viet Nam Family Planning Association
<b>VTV</b>	Viet Nam Television
<b>VWU</b>	Viet Nam Women's Union
<b>VYU</b>	Viet Nam Youth Union
<b>WB</b>	World Bank
<b>WHC</b>	Women's Health Club
<b>WHO</b>	World Health Organization
<b>05/06 Center</b>	Government Rehabilitation Center for Sex Workers (05) and IDUs (06)



# EXECUTIVE SUMMARY

**S**ince the discovery of the first HIV+ person in Viet Nam in December 1990, the HIV/AIDS epidemic has spread rapidly across the country. If unchecked, the epidemic could threaten not only the health infrastructure, but also the prospects for positive social and economic development of the country.

## FHI/IMPACT SUPPORT FOR HIV/AIDS PREVENTION AND CARE IN VIET NAM

**Between 1998 and 2003, Family Health International (FHI) has built a solid partnership with the Government of Viet Nam in the fight against HIV/AIDS in the country.** This report summarizes the major objectives, activities, achievements and lessons learned during the five years of implementation of Phase I (1998-1999), Phase II (from 2000-2002), and the first part of Phase III (2003-2005).

Phase I activities in 1998-1999 consisted of a series of assessments of:

- 1)** various groups who often practice risky behavior (e.g., sex workers and injection drug users (IDUs),
- 2)** the availability and quality of services for the management of sexually transmitted infections (STIs),
- 3)** the potential role of the private sector in the efforts against HIV/AIDS, and
- 4)** the initiation of condom social marketing for HIV/AIDS prevention carried out by DKT International with support from FHI.

Phase II activities (2000-2002) focused primarily on HIV/AIDS prevention work in four focal provinces (Can Tho, Hai Phong, Binh Dinh and Quang Ninh) and capacity building at the national and provincial levels in a number of technical and program management areas. In addition, FHI supported extensive Behavior Change Communication (BCC) and risk reduction work with at-risk target groups. During Phase II,

FHI also supported the first two rounds of the Behavioral Surveillance Surveys (BSS) and the STI skills training of private pharmacists and private physicians in the four focal provinces. Additional projects supported by FHI included: the establishment of the HIV voluntary, counseling and testing (VCT) center and services at the national Bach Mai Hospital, and special intervention work with mobile youth and also with IDUs and female sex worker residents at two provincial 05/06 rehabilitation centers.

In Phase III (2003-2005), the project now focuses on scaling-up successful prevention interventions for wider impact in the Phase II focal provinces of Can Tho and Hai Phong. It introduces practical care and support interventions and services for People Living with HIV/AIDS (PLWHAs), supports BSS Rounds III and IV and second generation surveillance activities (including improved estimates and projections of the epidemic), and expanded capacity-building efforts at the national and provincial levels.

New work in Phase III includes interventions in a new focal area, Ho Chi Minh City (HCMC). This work includes support for the existing anonymous counseling and testing site (ATS). In addition, interventions on men's sexual health issues relating to HIV/AIDS prevention, include the establishment of outreach services for men who have sex with men (MSM). Interventions for phase III in HCMC will also develop women's interventions to reduce HIV risk for women in vulnerable groups.

Throughout all three Phases of the FHI/IMPACT Project in Viet Nam, support for condom social marketing for HIV/AIDS prevention (through DKT International), has been, and remains, an essential component of FHI-supported HIV/AIDS prevention efforts.

## Achievements

### PREVENTION INTERVENTIONS

**To date, FHI-supported peer education interventions** have directly reached well over 1,500 sex workers, over 4,000 injecting drug users, over 40,000 mobile youth, and more than 120,000 men in the general population. Many of these interventions also include BCC mass media activities (TV, radio spots, teledramas and newspaper coverage) as well as various peer education initiatives, using trained barbers, motorcycle taxi drivers, peer educators in the work place/factories and peer educators, health educators and outreach workers in the women's health club for sex workers. ECHO model participants and health educators at the IDU drop-in centers also contribute to this work.

Over 2,000 pharmacists and private physicians have been trained by the project, in STI management skills, including HIV/AIDS prevention, condom promotion, STI syndromic treatment, partner notification, counseling and referrals. Many men with STIs visit these providers for such care. FHI-supported two of the first HIV/AIDS prevention and destigmatization efforts conducted in government 05/06 rehabilitation centers for IDUs and female sex workers.

FHI's support to DKT International for condom promotion for HIV/AIDS prevention has resulted in the establishment and maintenance of over 1,000 non-traditional outlets for condom distribution. The collaboration also supports provincial and national level condom advertising and spe-

cial media events reaching tens of millions of people. So far, the condom promotion campaign has contributed to the sale of over 30 million condoms in the six provinces where DKT receives FHI financial support.

FHI's direct support for national level media coverage, training of journalists, and support for behavior change communication messages on HIV/AIDS prevention and care and on stigma reduction uses many approaches. TV spots, teledramas, radio spots, newspaper stories and question/answers series on HIV/AIDS reach hundreds of thousands of target audiences throughout the country.

One of the most remarkable media products, "Thirst for Life", an FHI funded documentary produced by Binh Dinh Television and FHI consultants, is about the HIV/AIDS peer education project at the Binh Dinh 05/06 Rehabilitation Center. It was produced with a small grant from FHI. It has won a film festival prize and been shown on national television several times. FHI produced videotapes and DVDs for distribution as teaching tools and is writing an accompanying user's guide. FHI has also funded a special television program, "Weekend Chat" which discusses issues related to HIV/AIDS. In addition, several VTV documentary pieces on FHI interventions and two World AIDS Day concerts co-sponsored by FHI were aired on national television.

These programs and BCC mass media campaigns in FHI project provinces reached millions of viewers with positive messages about HIV/AIDS prevention and care, and also messages to help destigmatize people living with HIV/AIDS

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### CARE AND SUPPORT ACTIVITIES

**FHI has supported** the Ministry of Health (MOH)/National AIDS Standing Bureau

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**Barbers have been very effective in educating their clients about HIV/AIDS awareness.**

Hùng

Lon



(NASB) and Bach Mai Hospital in establishing the first free and anonymous counseling and testing center for HIV in Ha Noi at the Bach Mai Model VCT Center. The numbers of people coming for counseling and testing has increased steadily each month since services began in early 2003, and now up to 30 people per day seek services at the center. In 2004, FHI will also begin support of the first anonymous counseling and testing site in HCMC. It was first established by the Center for AIDS Prevention Studies (CAPS) at the University of California in San Francisco in 2001.

In 2004, FHI will also begin supporting training and interventions for community and home-based care and support for PLWHAs project in Can Tho, Hai Phong and HCMC. In June 2003, FHI published "Living with HIV/AIDS in the Community" in Vietnamese, adapted from a World Health Organization (WHO) publication from Uganda. Relevant material from FHI and information and issues appropriate to the Vietnam context (e.g., section on IDUs and HIV) are included. As noted earlier, FHI also supported training to improve the STI management skills of over 2,000 private physicians and pharmacists in Hai Phong, Can Tho, Binh Dinh and Quang Ninh during Phase II. Limited first-aid, health check-ups and STI screening and/or referrals were provided for sex workers at the Women's Health Club in Can Tho and the IDU drop-in centers in Hai Phong and Cam Pha/Quang Ninh.

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## BEHAVIORAL SURVEILLANCE

**The Behavioral Surveillance Survey data** has provided the most representative and detailed quantifiable information on the characteristics and risk behaviors of various target groups (e.g., IDUs, establishment and street-based sex workers, long distance truck drivers, and migrant workers such as

fisherman, construction workers, and porters). These target groups live in the largest cities in Viet Nam, all areas with significant numbers of people living with HIV (Ha Noi, HCMC, Hai Phong, Can Tho, and Da Nang). Each round of the BSS includes a total sample of approximately 10,000 respondents from the various target population groups in the five cities/provinces. A range of socio-demographic background variables, as well as information on sexual behavior, injecting drug use, and condom use are obtained in the survey. Rounds III and IV of the BSS will be conducted in 2004 and 2005, and will produce further evidence of behavior change. When possible, behavior change can be linked to exposure to specific interventions.

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## BEHAVIOR CHANGE COMMUNICATION

**Behavior Change Communication (BCC)** campaigns were implemented throughout the four FHI supported focal provinces in Phase II, and will be continued in the three focal provinces during phase III. The BCC messages developed were essential tools in the dissemination of HIV/AIDS prevention and care education.

With support and advocacy from FHI, the government authorities increasingly recognize the critical role of theory-based BCC in HIV/AIDS prevention and the importance of local adaptation. Local governments are learning to use formative research to design effective BCC for HIV prevention and to pretest materials and messages.

Many of the BCC activities proved popular and effective in reaching the general public, as well as targeted populations such as IDUs, female sex workers (FSWs), factory workers, youth and men who purchase the services of sex workers. Men receive considerable attention in this BCC work, as

they are the majority of people who are HIV positive and/or IDUs, and engage in high risk sexual behaviors. They are also the people likely to be the link between HIV in the IDU or FSW populations and their non-IDU, non-sex work related sexual partners in the general population.

FHI has supported several BCC training workshops for provincial staff and implementation partners. As part of the BCC activities, the provincial projects have trained barbers, shoeshine boys, motorcycle taxi drivers, workplace employees, FSWs, IDUs and rehabilitation center residents in HIV/AIDS prevention and education. FHI closely collaborates with advertising agencies to design and pre-test BCC materials and with mass media for dissemination of HIV/AIDS information. Additional BCC achievements include live mobile dramas, community contests, and social marketing advertising promoting condom use for HIV/AIDS prevention.

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## CAPACITY-BUILDING

**Capacity-building has been an essential component** of FHI's support to Vietnam's HIV/AIDS prevention and care efforts. Over the last five years, the FHI/IMPACT project has supported capacity building for many national level individuals from the NASB and MOH. In addition, capacity building activities have reached provincial government partners from the provincial health services (PHS) and provincial AIDS standing bureaus (PASB), as well as local non-government organizations (NGOs) and project staff. FHI has supported these individuals' participation in local and international skills-building workshops, seminars, study tours and conferences in a number of technical and program management areas. These areas include training workshops in: technical skills building; Behavior Change

Communication basic, advanced and intensive skills building; VCT; harm reduction; stigma reduction; peer education; journalist training in HIV/AIDS reporting; STI management skills building for pharmacists and private physicians; Behavioral Surveillance Survey sampling and survey methodology; monitoring, supervision, reporting and evaluation, on-the-job training; training of trainers skills development (conducted by LADECEN and national/international consultants); HIV/AIDS Program Design and Management Training (conducted by FASID, MSH and FHI); and accounting procedures and financial reporting.

## Lessons Learned

- **The careful orientation and inclusion** of community leaders, local authorities, and PLWHAs in prevention and care interventions design and implementation process helped to contribute to the acceptance of the interventions in the communities and to their ultimate success.
- **It was very useful to go through a strategic planning process with relevant partners**, including conducting an initial situation and needs assessment and a strategic planning exercise. This exercise included BCC strategy development and coordination, building an integration and linkage strategy, with other key players and an intervention design process. Regular monitoring and feedback throughout the project life, helped identify problems as well as achievements and improve outcomes.
- **Local mass organizations, health departments, and other government agencies**, when provided support and



technical guidance, can successfully carry out appropriate, effective, innovative and locally controlled and targeted BCC campaigns.

- **Involving PLWHA, SWs and IDUs** in BCC activities helped reduce the community stigma and discrimination against them.
- **Interlinked BCC messages throughout all FHI supported projects in Viet Nam** are essential. The messages and interventions must be purposefully linked to ensure that behavior change communication efforts and activities have been reinforced and therefore increase the likelihood that all audiences are being reached effectively.
- **As the FHI program of support expands**, human resources must be expanded proportionately to ensure sufficient FHI monitoring and technical support needed by the implementing agencies.
- **Monitoring and evaluation** should always be planned from the beginning. The monthly collection and computerized reporting of intervention activities, achievements, persons reached, condoms and BCC materials distributed, as well as information training conducted were useful. At the same time, not all interventions or provinces reported in a uniform way.
- **Practical leadership, support and pragmatic approaches** to harm reduction, prevention and care interventions for IDUs and SWs by local health authorities and People's Committee was essential to the success of FHI supported interventions targeting IDUs and SWs.
- **FHI project assistants assigned to focal provinces were invaluable** for ensuring the smooth implementation of the interventions. In addition, local authorities need to be well informed of the function and the value of having FHI project assistants based in the provinces.
- **Data generated by the BSS and other research and BCC materials** need to be disseminated carefully and strategically to ensure its maximum usefulness.
- **In some activities, limited capacity and human resources of implementing agencies in technical and program management areas** led to additional challenges. Capacity at the national level (MOH) needs to be further strengthened in order to avoid bureaucratic delays and ensure the successful implementation and completion of some national level activities supported by FHI (e.g., BSS and VCT projects).
- **Support for condom social marketing**, in partnership with DKT, was an essential activity to complement and strengthen FHI-supported prevention interventions. The linkage between all relevant interventions should be made in the design process. This will ensure efficiency (e.g., project peer education activities should be linked with condom social marketing through training by DKT). Peer education work must also link to activities such as VCT and STI services existing, or being set up, in the same areas.
- **Using the media as an ally** is an essential tool in communicating important HIV/AIDS messages and promoting FHI supported interventions. Many important messages about these interventions were disseminated through the media at no cost to FHI aside from time spent orienting media to the projects, BCC materials and messages.

◀ Facing Page  
Celebrating World AIDS  
Day in Hanoi, 2001.

## The Future

### **Phase III Activities began in January 2003 and will continue through September 30, 2005.**

With behavior change communication as the umbrella and capacity building as the foundation, the project will grow significantly in this phase.

Prevention interventions will be widely expanded to greatly increase the geographic and numerical reach of interventions in the focal provinces. This will support achievement of broader province-wide impact on HIV/AIDS knowledge and risk behavior.

Care and support activities, including community and home-based care training and services for PLWHAS, will be key new interventions introduced in Hai Phong, Can Tho, HCMC, Ha Noi, and Thai Binh. Prevention, care and support interventions in these project areas will be linked together to the extent possible.

VCT services will be supported by FHI in both Ha Noi and HCMC. In addition, care and support, as well as prevention activities will likely be supported in one or two 05/06 centers in selected provinces. When feasible, FHI will support efforts to build comprehensive care and support for PLWHAS, including counseling and VCT.

In 2003, the FHI/Vietnam office adopted a Greater Involvement of PLWHAs (GIPA) strategy for its program activities. This will help to ensure that PLWHAS will be fully involved in FHI program work in HIV/AIDS prevention and care in Viet Nam.

Phase III will also include men's sexual health interventions that will include specific activities targeting men who have sex with men, to be piloted in HCMC and possibly expanded to Ha Noi at a later date.

FHI will support an additional two

rounds of the BSS in Phase III. The project will also collaborate on developing more sophisticated and useful estimates and projections of HIV infections, as well as modeling on the potential impact of interventions on the epidemic. Furthermore, FHI will support efforts towards an integrated second-generation surveillance system of HIV sentinel surveillance, BSS and STI surveillance systems.

Capacity-building in both technical and program management areas at the national and provincial levels and for staff of emerging local NGOs will be a continuing priority for the FHI/IMPACT program in Phase III.

Through the creation of solid partnerships with national and provincial authorities, and by actively involving those from vulnerable groups in the development of the FHI/IMPACT project interventions, FHI Viet Nam and its partners continue their commitment to stemming the growth of the HIV/AIDS epidemic in Viet Nam.

Although financial support for HIV/AIDS prevention and care in Vietnam has continued to increase in Vietnam, as has the number of international partners joining in HIV/AIDS activities, there is still no room for complacency. The number of HIV infections continues to rise. Current efforts must be dramatically increased, if they are to have a significant national impact on the epidemic. HIV/AIDS work must move beyond the few provinces now benefiting from international financial and technical support, to encompass expanded programs in all provinces of the country.

The interventions and results presented in this report, including the difficulties encountered, the lessons learned and the solutions found, are intended to provide useful examples, tools and guides for replication. FHI hopes replication will help to achieve wider impact of successful interventions, on the HIV/AIDS epidemic in Vietnam.



CHAPTER ONE



# CHAPTER ONE

## Overview: HIV/AIDS Prevention and Care in Viet Nam

### THE COUNTRY SITUATION

**T**he HIV/AIDS pandemic reached Vietnam later than other countries in the region. It was only in 1990 that the first HIV positive person was diagnosed.

After this first HIV case was reported, the number of known HIV infections and AIDS cases grew steadily and all 61 provinces now report both. As of October 31, 2003, more than 73,600 people in Viet Nam are known to be HIV positive, with 11,254 clinically diagnosed with AIDS and a reported 6,325 cumulative deaths. The actual numbers are likely to be several times higher, with an estimated 160,000 of HIV infections, 23,000 people with AIDS and 20,000 deaths.<sup>1</sup> Of the total reported HIV infected people 85% are men and 57% are injecting drug users. 70% of all HIV positive people are under 30 years old and most are sexually active. About 5% of female sex workers tested are HIV positive.<sup>2</sup>

According to the HIV Surveillance Study in 29 provinces the countrywide HIV infection prevalence rates as of August 2002 were IDUs: 30%, SWs: 5.6%, military recruits: 1.3%, and pregnant women: 0.3% (Hai Phong and Quang Ninh registered 1.0%).

The highest IDU rates are in Hai Phong, Quang Ninh, Ho Chi Minh City, Ha Noi and Hai Duong provinces.<sup>3</sup> Although data on HIV/STI risk behavior are not included in routine HIV surveillance, other findings on IDUs sampled for the 2001 BSS indicate that an average of 23% shared injection equipment in the month before the interview.<sup>4</sup> HIV has increased among FSWs with the prevalence rate increasing from 0.6% in 1994 to 5.6% in 2002.<sup>5</sup> Cases of HIV among IDUs remain the highest number of reported cases of HIV in Viet Nam. How-



1 MOH statistics the Department of Preventive Medicine and AIDS Control, Nov. 2003  
2 Ibid.  
3 Presentation, MOH AIDS Division, September 5, 2002; MoH, June 2003  
4 Viet Nam 2001, Behavioral Surveillance Survey (BSS)  
5 Presentation, MOH AIDS Division, September 5, 2002.

**Note:** For the purpose of this report, data on numbers of HIV+ people, AIDS cases diagnosed and AIDS related deaths reflect MOH statistics to Oct. 31, 2003. Provincial data may differ from this due to timing of reporting to MOH and other factors. As of December 2003 a new set of HIV estimates and projections have been prepared and are under review.

ever, the proportion among total cases reported is decreasing (currently 57%), with the proportion of sexually transmitted transmissions increasing. WHO estimates,

though, that in Viet Nam, over 80% of HIV infections are unreported and the true majority (77%) of HIV infections are sexually transmitted.<sup>6</sup>

While STI rates are difficult to assess in Viet Nam and they appear to be generally low, available data from point prevalence studies suggest that there is a major burden of STIs, particularly syphilis, among female sex workers.<sup>7</sup>

## The Project Provinces

### PROVINCIAL DATA



#### ■ QUANG NINH

Quang Ninh province located in the North of Viet Nam, with a

population of approximately one million in 2003, has a 133 km border with China and a 250 km sea border. It is not one of the 20 provinces included in the national HIV sentinel surveillance. However, with 6,145 known HIV positive people by October 31, 2003, it is the province with the highest prevalence rate in the country. The geographic priorities for continued epidemiological attention include Ha Long City, Cam Pha

town and Mong Cai (on the southeast China border), all considered HIV transmission “hotspots”.



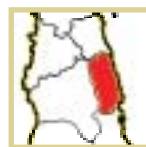
#### ■ HAI PHONG

Hai Phong is the second biggest city in northern Viet Nam with a population of 1.7 million people. Hai

Phong is divided into 13 districts and townships and includes some rural areas as well as urban districts. It has a convenient transport system including railways, an international harbor, and an airport.

HIV infection was first found in Hai Phong in 1993, but the rise in reported cases was slow. By 1997, there were only 17 known HIV infections. By October 31, 2003, however, figures from the AIDS Division, Ministry of Health, show a cumulative total of 6,171 HIV+ cases, including 859 cases of AIDS, and 338 deaths.

HSS 2001 population-specific HIV positive findings included: IDUs at 72.8%, female sex workers at 7.8%, STI patients at 7.3%, TB patients at 6.3%, antenatal women at .50% and new military recruits at 2.0%.



#### ■ BINH DINH

Binh Dinh is a coastal province of Central Viet Nam, with a population of approximately 1,440,000 in

2003. Binh Dinh has 11 districts and one city, Quy Nhon. It has recorded 283 HIV infected persons and 78 with AIDS, of whom 29 have died, as of October 31, 2003. Of the 283 infections, 139 are injecting drug users. They account for 49% of the known HIV positive people. Quy Nhon City has the highest number of known infections at 143. This city, the capital of Binh Dinh Province, has been included in the national sentinel surveillance since 1996. HIV prevalence among sex workers appears to be accelerating.

The first HIV tests of residents at the Phu Tai 05/06 Center were done in 1997-98. At that time 58 people tested positive, or more than 50% of the residents. Neither the staff, nor the residents were prepared

### HIV/AIDS data for Viet Nam comes from two main sources

**1** Cases are reported from provinces to the AIDS Division within the Ministry of Health Central Level. Mandatory and voluntary testing identifies HIV positive people. AIDS is diagnosed on an adaptation of the WHO guidelines for clinical diagnosis with a positive HIV test.

**2** The National HIV Sentinel Surveillance: Viet Nam has implemented an HIV Sentinel Surveillance (HSS) system since 1994. From a beginning with seven sentinel provinces, the HSS now draws data from 29 provinces. Although the sampling methodology may vary from province to province, the data for the seven sentinel populations provides the only reasonable estimate of the stage (level) and trend of the HIV epidemic in Viet Nam.

<sup>6</sup> WHO information in discussion with Dominique Ricard, July 2003; WHO Regional Office for Western Pacific. Status and Trends of STI, HIV/AIDS. 1999.  
<sup>7</sup> FHI trip report, Graham Nielson, March 25, 2003

to deal with HIV/AIDS related issues but the Center began basic in-house HIV/AIDS prevention training. In April 1999, at the beginning of the FHI supported HIV/AIDS prevention project, 40% of the IDU residents were HIV positive.



### ■ CAN THO

Can Tho is a southern province in Cuu Long delta with a population of 1.9 million people in 2003. Commercial sex work activity, and unsafe injecting drug use behavior in Can Tho, as well as its proximity to the Cambodian border and high levels of cross border mobility contribute to an increase in HIV in people from Can Tho, with many FSWs working across the border. 'Male client' risk behavior among Vietnamese males working in Can Tho and across the border is also reported. Much of the epidemiological attention has been given to the Bai Cat and Thot Not districts due to the high level of sex work activity in these locations.

As of October 31, 2003, Can Tho reported 1,703 HIV infected persons, including 576 AIDS cases, of which 121 had died. Based on the HSS, the trends of HIV among the three 'high risk' sentinel populations for Can Tho during 1996-2002 are presented below:

### HIV PREVALENCE (PERCENT HIV+) AMONG 'HIGH RISK' SENTINEL POPULATIONS TESTED IN CAN THO

HIV+	IDU	SW	Male STI patients
1998	2.6	6.1	1.5
1999	8.0	4.2	1.1
2000	21.3	1.8	0.9
2001	41.5	7.9	4.0
2002	52.8	10.8	2.8

At the time of the design of Phase II activities in 1999, most originally infections reported HIV infections resulted from heterosexual transmission. 32% of HIV+ people were FSWs. Only 14 out of 327 HIV+ people were IDUs.<sup>8</sup> Now, the previously low prevalence among male and female IDUs has risen and increasing numbers of FSWs report use of drugs, including injection drugs.<sup>9</sup> As a result, the Can Tho PASB now focuses its attention on all modes of transmission. Strong advocacy to build support for public health and risk reduction approaches is essential.



### ■ HANOI

Ha Noi, the capital of Viet Nam, is the second largest city with a population of approximately 2.9 million in 2003. Ha Noi ranks fourth highest in numbers of HIV positive people, and seventh highest in HIV prevalence in the country, with 5,209 known cases of HIV, as of October 31, 2003, including a reported 574 cumulative AIDS cases and 225 deaths. The majority of these HIV positive people are IDUs, and increasingly they are younger men, many of whom are in early stages of drug use and sexually active. The rapid development of the market economy led to an increased demand for mobile laborers who migrate to Ha Noi from neighboring provinces. Ha Noi is comprised of 228 communes and twelve districts. 180 communes and all twelve districts now report having HIV+ people, according to the Ha Noi Provincial AIDS Bureau.

The 2001 BSS indicated that mobility is also associated with vulnerability. Of a BSS sample of 474 karaoke based sex workers in Ha Noi, 88% migrated from other provinces. Of street-based sex workers, 82% came from other provinces. Of a sample of 474 construction workers, 78% migrated recently (defined as having moved in the past year). The percentage of HIV infections

<sup>8</sup> FHI sub-agreement with Can Tho Provincial Health Service, 2000.

<sup>9</sup> MOH Presentation, Dr. Kinh, HIV/AIDS Technical Working Group, September 5, 2002.

among three 'high risk' sentinel populations for Ha Noi based on the HSS 2002 are: IDUs at 25.2%, female sex workers at 14.5% and male STI patients at 3%.



#### ■ THAI BINH

Thai Binh is a coastal province located in the Red River Delta. It is the most densely populated province

in Vietnam, after Ha Noi and HCMC, with a total population of 1,800,000 in 2003.

Risks for HIV/AIDS in Thai Binh are characterized by association with mobility. High rates of unemployment and underemployment lead local farmers and young people to leave the province to seek long-term and seasonal work. In addition to the official number of permanent migrants, it is estimated that about 40,000 – 100,000 residents migrate out for up to several months of the year, while others migrate for longer periods to industrial zones and smaller numbers to other countries for work. Many of the receiving provinces for migration are among the top 15 for HIV prevalence, according to an FHI assessment of mobile populations conducted in 2001.<sup>10</sup>

Reports from the Provincial Health Department of Thai Binh show a rapid increase in HIV over the past 6 years: from 1 case in 1996, to 218 cases in 2001. By September 30, 2003 the cumulative total of 1,125 cases of HIV, included 188 AIDS cases, of which 134 have died.<sup>11</sup>



#### ■ DONG NAI

Dong Nai is a southern province of Vietnam, which borders six other provinces, including Ho Chi Minh City.

The population fluctuates from 1.9-2.4 million yearly because of an estimated 200,000-500,000 migrants from other provinces. Many migrants work in factories in 10 industrial zones, on plantations or in seasonal agriculture. Dong Nai is one of the

fastest growing industrialized provinces in the country.

By October 31, 2003, Dong Nai province ranked the sixth highest in HIV/AIDS infections, with 1,955 known HIV positive people (90% men), of whom 289 had AIDS and 128 have died.

There are approximately 2,000 IDUs and more than 2,000 female sex workers in Dong Nai. HIV sentinel surveillance conducted in 2002 indicated an HIV prevalence of 42.5% among IDUs and 1% among FSWs. The 05/06 Center for Vocational Training offers rehabilitation to IDUs and FSWs sent to the center for a minimum stay of two years. Prior to FHI project support, no effective program of HIV/AIDS prevention education existed for IDUs and FSWs resident in the 05/06 Rehabilitation Center. As of June 2003, there were 492 residents in the center, of whom 439 were IDUs and 53 were sex workers. In 2001, of all residents, over 50% were HIV positive.<sup>12</sup>



#### ■ HO CHI MINH CITY

Ho Chi Minh City is the commerce capital of Viet Nam. It is located in the southern part of Viet Nam

and has a population of nearly 5.5 million in 2003, many people of whom are mobile.

As one of the loci of the AIDS epidemic in Viet Nam, Ho Chi Minh City has the highest number of HIV reported cases, and accounts for 18% of the total HIV reported cases of the country. As of October 31, 2003, there were 13,188 HIV cases, of whom 1,269 had developed AIDS, with 602 deaths. Out of the total cases of HIV positive persons, 72% are men, 64 % aged 20-39 years, and 51% are drug users. The HIV Sentinel Surveillance conducted in HCMC in 2002 indicated that HIV prevalence is exceptionally high compared to other provinces in all five groups (82.5% in IDUs; 24.4% in FSWs; 8.9% in STI patients; 1.2% in ANC women; and 8.1% in new army recruits).<sup>13</sup>

10 Beesey, Alan, et. al, "Mobile Population Assessment in Dong Nai, Ha Noi and Thai Binh. Implications for HIV/AIDS Prevention and Care Interventions.", FHI, Ha Noi, November 2001.

11 Thai Binh PASB newsletter, September 30, 2003.

12 Beesey, Alan et al.

13 FHI Project Proposal Guidelines, 2003; MOH, June, 2003.



There has been an alarming increase in the percentage of FSWs who are injecting drugs and becoming HIV positive.<sup>14</sup> Even so, programs and services directed at women practicing high-risk behaviors are few.

Although there is a known significant population of men who have sex with men who are increasingly visible and vulnerable, only three minor studies of the risk of HIV/AIDS/STIs in this population have been conducted in the last ten years. The latest study, carried out in 2002, reports MSM practicing high-risk sexual behaviors. Although they often had multiple partners each month, only 32% used condoms at last intercourse. 81% reported sex with non-regular male partners and 22% had sex with women in the past year. Self-rated risk for HIV was very low, and less than one third believed that homosexuals in Viet Nam are at increased risk for HIV.

Men who have sex with men are not included in the routine surveillance of the HSS or BSS.<sup>15</sup> As a result, HIV infection rates are unknown in this population. One pilot project building a support group for MSM supervised by Save the Children UK, ended in 2000.

## **Now and in the Future**

FHI-supported projects work with vulnerable groups and communities in the provinces described in this chapter. The goals of these projects are to reduce high-risk practices through increasing positive behavior change, thus preventing the spread of HIV/AIDS in Viet Nam. In Phase III, the project will expand these prevention efforts and provide community-based care and support for people living with HIV/AIDS in project areas.

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<sup>14</sup> "The HIV/AIDS Situation in Viet Nam and Ho Chi Minh City," Le Truong Giang, MD, PhD, Vice Director Department of Health and Vice Director Provincial AIDS Committee, Ho Chi Minh City, November 2002.

<sup>15</sup> Colby, Donn J., "HIV Knowledge and Risk Factors Among Men Who Have Sex with Men in Ho Chi Minh City, Viet Nam," *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 32:80-85, 2003.



## CHAPTER TWO

the 1990s, the number of people with a diagnosis of schizophrenia has increased in many countries, including the United Kingdom (Murray & Lewis 1998). The prevalence of schizophrenia is estimated to be 1% of the population (Murray & Lewis 1998).

There is a growing awareness of the need to improve the lives of people with schizophrenia. The World Health Organization (WHO) has developed a number of strategies to improve the lives of people with schizophrenia, including the development of community mental health teams (Murray & Lewis 1998). The WHO has also developed a number of guidelines for the treatment of schizophrenia (Murray & Lewis 1998).

The aim of this study was to evaluate the effectiveness of a community mental health team in the treatment of people with schizophrenia. The study was conducted in a community mental health team in the United Kingdom. The team provides a range of services, including case management, crisis intervention, and medication management. The study was conducted over a period of 12 months.

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# CHAPTER TWO

## Implementation

FHI and NAC memorandum of understanding signing ceremony on May 11, 1998.

### PHASE I

#### Beginning FHI Work in Viet Nam: Opening Doors

In what was the first HIV/AIDS-related work in Viet Nam supported by USAID funding, Family Health International participated in a joint USAID and FHI team visit to Viet Nam in October 1997, at the request of the Government of the Socialist Republic of Viet Nam. The groundbreaking collaboration between the Government of Viet Nam and the USAID/FHI team opened the door for future HIV/AIDS program work. The team assessed the state of the HIV/AIDS epidemic, the response of the Government and donors, and measures USAID might take to provide limited assistance that would complement prevention strategies already underway. Preparing the way for activities in Viet Nam, USAID had already signed a cooperative agreement with FHI through which the work could be undertaken. On May 11, 1998 FHI and the National AIDS Committee signed a Memorandum of Understanding (MOU) for a short Phase I.



#### ACTIVITIES IN PHASE I FOCUSED PRIMARILY ON:

- Assessments of high risk behavior, the availability and quality of STI care, private sector involvement and condom social marketing in six provinces.
- Preparations for full implementation of Phase II.
- Capacity building through study tours and participation in international conferences.

USAID/FHI funded the Population Council to carry out an assessment of high-risk behavior in Can Tho and the Centre for Family and Women's Studies to conduct an assessment in Quang Ninh. A National condom availability study was carried out by the NASB in Hanoi and HCMC. The National Institute of Venereology and Dermatology completed a survey of the availability and quality of STI care. Strategic analysis and planning took place, which included a study tour to the United States. Additional study tours for the NASB took place in Switzerland and Thailand. Population and

Development International assessed the level of private sector involvement in STD/HIV/AIDS control. DKT began condom social marketing (CSM) activities in six provinces: Hai Phong, Can Tho, Quang Ninh, Quang Tri and Tay Ninh. An FHI office was established in Ha Noi under the guidance of Alyson Hyman.

## **PHASE II Interrelated HIV/AIDS Prevention Projects**

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**By February 1999**, an FHI Resident Advisor, Donna Flanagan, arrived in Ha Noi to participate in the development of a new MOU that would take the collaboration forward into HIV/AIDS prevention program implementation. In April 1999, the project held an appraisal and dissemination workshop on findings of the five research studies carried out in 1998. These studies were part of the preparation for Phase II programming. After ten months of negotiations and collaborative writing, the National AIDS Committee and FHI signed the MOU for Phase II on December 6, 1999, which covered the period until September 30, 2002. The budget was supported by funds from USAID and in-kind contributions of the Vietnamese Government.

Following the MOU signing, the Provincial AIDS Committees (later called Provincial AIDS Standing Bureaus (PASB)) of Hai Phong, Can Tho, Binh Dinh and Quang Ninh:

- Conducted provincial situational assessments.
- Carried out provincial strategic planning and project designs.
- Launched a variety of province-based, interlinked interventions.

In addition, national level activities with the NAC (later called the National AIDS

Standing Bureau or NASB) began. These activities focused on the Behavioral Surveillance Survey (BSS), capacity building and dissemination of translations of various technical reports such as FHI's nine BCC booklets, VCT materials and BSS reports.

This progress and lessons learned report covers the description, goals, objectives, activities, achievements and lessons learned of each project intervention during Phase II. It also provides an overview of ongoing and projected Phase III activities.

## **COLLABORATION AND IMPLEMENTATION MECHANISMS IN PHASE II**

**Up to December 31, 2002**, Family Health International worked directly with the National AIDS Standing Bureau on capacity-building, behavioral surveillance, monitoring and dissemination activities. FHI also worked directly with the provincial AIDS authorities and provincial health services in the seven project provinces. Together they conducted a range of interrelated HIV/AIDS behavior change and risk reduction interventions and complementary HIV/AIDS prevention activities. Additionally, FHI supported Behavioral Surveillance Surveys in five provinces (Hai Phong, Ha Noi, Da Nang, Ho Chi Minh City and Can Tho) and condom social marketing through DKT International in six provinces (Hai Phong, Can Tho, Binh Dinh, Quang Ninh, Quang Tri, and Tay Ninh). The MOU clearly defined the working mechanisms between the NASB and FHI and between the provincial authorities and FHI. On FHI's side, the current Country Representative, Dr. Thomas Kane, headed an expanded FHI staff through the last two years of Phase II and first year of Phase III. Throughout Phase II, Professor Chung A headed the NASB and was the counterpart to the FHI Country Director.

## OVERALL OBJECTIVE PHASE II

To complement and supplement on-going HIV/AIDS prevention, in concert with the policy of the Government of Viet Nam, through the National Committee for AIDS Prevention and Drug and Prostitution Control (NCADP), other donors and non-governmental organizations, to reduce the spread of the HIV/AIDS epidemic in the country.

## THREE PRINCIPAL STRATEGIES

The three principal strategies supported by Phase II include:

### STRATEGY 1

**Promoting public health approaches,** which included activities such as support for HIV counseling services, risk reduction, behavior change communication, and public health outreach. This strategy attempted to offset the effects of the “anti-social evils” approach to HIV/AIDS work in Viet Nam.

**OBJECTIVES** To promote the development of policies and interventions that are based on the public health principles of prevention, risk reduction, access to services and non-discriminatory care and support.

To improve HIV/AIDS behavioral surveillance data for decision-making and program planning, using Behavioral Surveillance Survey data.

### STRATEGY 2

**Capacity-building of individuals and organizations** involved in HIV/STI prevention and care which included activities such as formal training, mentoring, technical workshops, provision of self-study materials, and participation in international conferences.

**OBJECTIVES** To enhance the capability of the

agencies, members of the NCADP, NASB and PASBs to design, coordinate and implement effective prevention and care interventions.

### STRATEGY 3

**Developing and implementing effective behavior change and risk reduction interventions** among vulnerable populations in the focal provinces assigned to FHI. These interventions included activities to encourage and support safer sexual and injecting behavior, to promote the use of condoms, provide effective STI management and treatment, and to upgrade the care and support of people affected by HIV/AIDS. Interventions were designed specifically to meet the needs of each PASB and its target populations.

**OBJECTIVES** To promote safer behaviors among specific populations at high risk of HIV infection.

To reduce social discrimination against affected persons and their families.

## PHASE III

### Ongoing and Projected Interrelated HIV/AIDS Prevention and Care and Support Projects/ Implementation of Interventions and Scale-up for Impact

USAID/ANE requested FHI/IMPACT assistance to continue to build the capacity of individuals and organizations involved in HIV/AIDS/STI prevention and care at the national and provincial levels in Viet Nam. This assistance includes: 1) building capacity of national and provincial staff in technical and program management areas, 2) the promotion of public health approaches to HIV/AIDS prevention, 3) the development of effective behavior change/risk reduction interventions and 4) the initiation of care and support interventions. In the three focal provinces Can Tho and Hai Phong,

current interventions are being scaled-up and new interventions in HCMC designed for wider impact. Special projects are being carried out in: Hanoi, Thai Binh, Dong Nai and Cam Pha/Quang Ninh. In phase III, FHI Viet Nam continues to collaborate and cooperate with the Ministry of Health, Provincial Health Services, and other NGOs and donor agencies in these efforts.<sup>1</sup> Partnership Agreements have been signed between FHI and each collaborating Province and an MOU developed for national level collaboration with the Ministry of Health. Once again, all provincial level work will be carried out directly with the concerned province.

## OVERALL OBJECTIVE <sup>2</sup>

To complement, supplement and scale-up ongoing HIV/AIDS prevention, care and support activities in conjunction with the policy of the Government of Viet Nam, through collaboration with the Ministry of Health, provincial health services, other donors and local NGOs, to reduce the spread of the HIV/AIDS epidemic in the country and provide appropriate care and support services for those infected and affected by HIV/AIDS.

## THREE PRINCIPAL STRATEGIES <sup>3</sup>

The three principal strategies to support Phase III include:

### STRATEGY 1

**Strengthening the capacity** of the Ministry of Health/Department of Preventive Medicine and AIDS Control, Provincial AIDS authorities, local NGOs and other FHI/IMPACT implementing agencies in HIV/AIDS/STI prevention and care.

### STRATEGY 2

**Developing and expanding coverage of**

effective behavior change and HIV/AIDS/STI risk reduction interventions in FHI/IMPACT focal provinces, especially among vulnerable groups (e.g., IDUs, FSWs and their sexual partners, and MSM).

### STRATEGY 3

**Developing and supporting** implementation of community-based care and support interventions and materials for PLWHAs and their families/care-givers in FHI/IMPACT focal provinces, and linking them to other appropriate HIV/AIDS/STI prevention and care services.

## The Main Interventions and/or Activities Reviewed in this Report

### ORIGINAL INTERVENTIONS PHASE II: 1999-2002

1. Behavioral Surveillance Survey Rounds I and II
2. Capacity Building for Individuals and Organizations
3. Behavior Change Communication Campaigns
4. Condom Social Marketing Using Non-Traditional Outlets

#### Men's Interventions

5. Part I: Peer Education by Barbers and Shoeshine Boys
6. Part II: Peer Education by Motorcycle Taxi Drivers
7. Part III: HIV/AIDS Peer Education in the Workplace
8. The Women's Health Club and Community Peer Education Project
9. Reaching Injecting Drug Users through Drop-In Centers and the "ECHO" Peer Education Model
10. Peer Education for Risk Reduction and Support for People Living with HIV/AIDS

<sup>1</sup> FHI Viet Nam IMPACT Semi-Annual Report, March 2003.

<sup>2</sup> Project Agreement between MOH and FHI, November 3, 2003.

<sup>3</sup> Ibid.

11. STI Management Training for Pharmacists, Private Physicians, Drug Vendors and Assistant Physicians

## NEW INTERVENTIONS PHASES II AND III: 2002-2005

### Phase II: 2002 and On

1. Mens' Intervention: Barbers' Peer Education (Ha Noi)
2. Voluntary Counseling and Testing Center Development (Bach Mai Hospital, Ha Noi)
3. HIV/AIDS Prevention and Life Skills for Mobile Youth (Thai Binh)

### Phase III: 2003 and On

3. Men's Sexual Health and MSM Interventions (HCMC)
4. Anonymous Testing Site (HCMC)
5. Capacity Building for HIV/AIDS Training and Research Center (HCMC)
6. New Women's Interventions (Hai Phong and HCMC)
7. IDU Interventions (Can Tho and Ha Noi)
8. Home Based Care and Support Training (with COHED)
9. Home Based Care and Support
10. BSS Rounds III and IV
11. Comprehensive HIV/AIDS Prevention and Care Interventions at 05/06 Centers
12. Support for Second Generation Surveillance and HIV/AIDS estimates and Projections
13. Capacity building for strengthening STI prevention, services and management

## MONITORING AND EVALUATION METHODS

**Monitoring and evaluation** are crucial components of the FHI/IMPACT Viet Nam program. Monitoring and evaluation (M&E) activities are part of program design, implementation, assessment and management. Information gathered from M&E is fed back into the program planning and implementation process in order to improve program relevance and effectiveness.<sup>4</sup>

Monitoring is undertaken by the FHI Vietnam Office, PASB monitoring teams and by members of the NCADP who work under the terms of a contractual evaluation sub-agreement. The role of the FHI/PASB monitoring teams is to monitor, support and supervise the progress of the FHI-funded activities, in their respective provinces. FHI makes multiple intervention monitoring visits to each province yearly. Provinces then produce Monthly Project Reports.

An inter-ministerial Monitoring Team made up of the NASB, Ministry of Health, Ministry of Planning and Implementation, the Ministry of Finance and PACCOC\* also take monitoring trips to each project.

Evaluation mechanisms and indicators are specified in each sub-agreement and are part of the FHI contract with each implementing agency. Project annual, midterm and final reviews are carried out, with all project partners producing up-to-date reports on their activities. Dissemination meetings attended by all relevant persons are held to present each of the review reports. The final review meeting for Phase II occurred November 7-8, 2002.

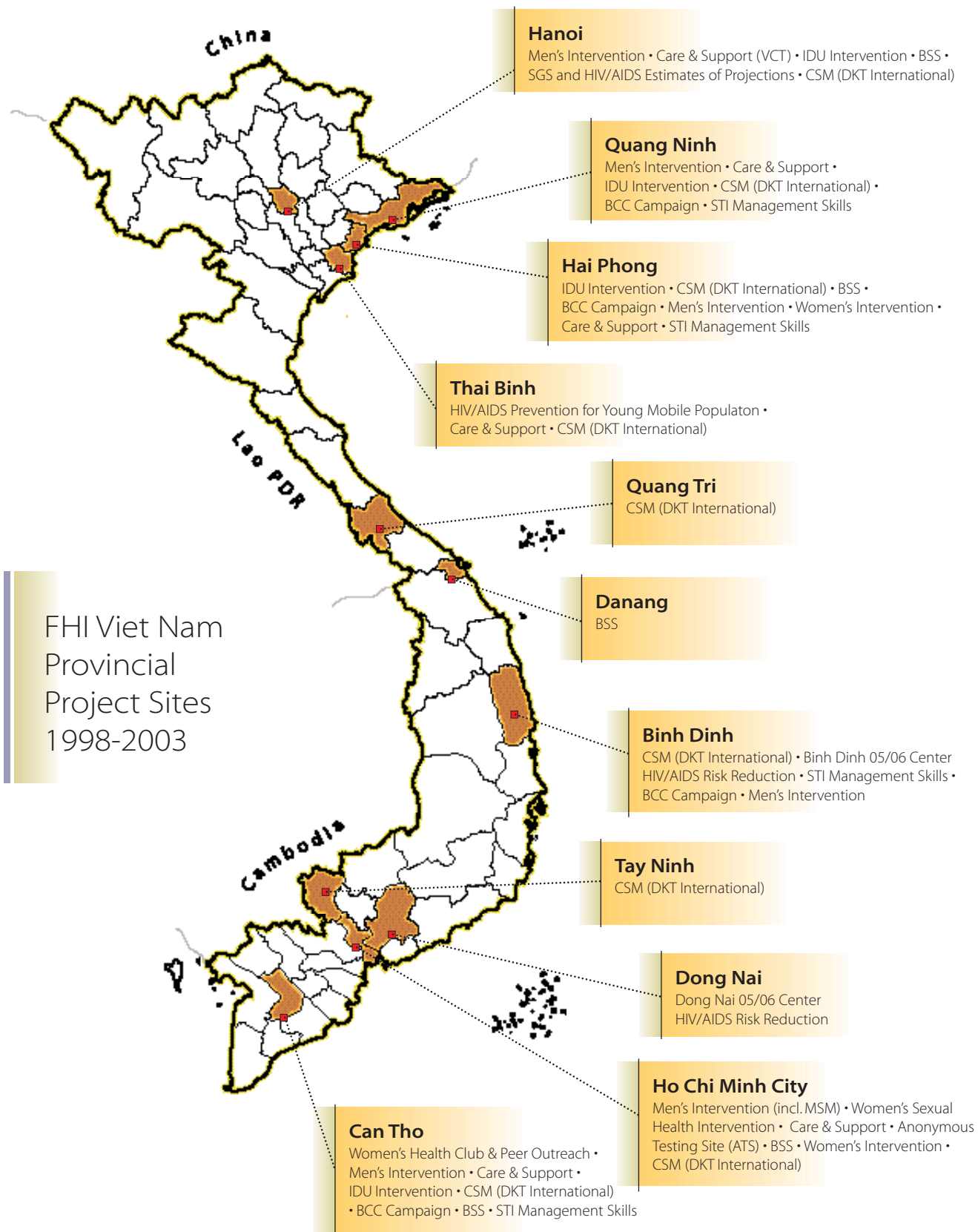
Evaluation of the overall project is based on the objectives of the project. External evaluators carry out mid-term and final evaluations of each intervention.

## THE PRODUCTS

**FHI along with their government partners**, work closely in the implementation of project interventions and in the monitoring and evaluation of these interventions in order to enhance program appropriateness and effect. In this way FHI continues to successfully meet its objectives of strengthening local capability and increasing the application of HIV/AIDS prevention and care programming for target populations. The ultimate desired product is behavior change that will result in a reduction in the transmission of HIV/AIDS/STIs in Viet Nam.

<sup>4</sup> "Monitoring and Evaluation Framework 2003-2005, FHI Viet Nam Country Framework" Second Draft, June 2003.

\* PACCOC – People's Action Coordinating Committee



Map by Mark Turgesen & Lotus Communications





# The Value of Interlinked Interventions

**Having learned from years of experience in other countries**, FHI Viet Nam designed interlinked interventions that would support each other's objectives and activities. Together, these interventions form a solid body of HIV/AIDS prevention work. As interlinked interventions, they have more power, more reach and are more cost effective than more fragmented and unrelated interventions would be, even if such interventions were consolidated in fewer provinces in Phase III. At the same time, there are still gaps in the linkages that should be addressed in Phase III. These will be discussed in a later section of this report.

FHI supported prevention and care activities are purposefully interrelated to each other. Many people in the vulnerable groups that are targeted for HIV prevention activities are HIV+ and in need of care and support while living with HIV/AIDS. HIV+ individuals also must learn about ways to prevent the further spread of, or re-infection from, HIV. To the extent possible, FHI interventions coordinate mass media campaigns with peer education HIV/AIDS messages. These communication activities are also linked to referrals to medical and social service programs or directly to the services themselves.

These linkages can help ensure that individuals who receive communication messages are also reached by needed services, such as VCT and STI treatment. FHI does not

provide condoms and clean needles to interventions. However, through collaboration with other agencies, such as the Provincial Health Services, individuals at risk for HIV infection are assured access to these supplies. For example, DKT staff train FHI project peer educators. In this way, FHI interventions link closely with DKT's condom social marketing project. In Phase III, DKT International provides necessary condom supplies for FHI project intervention sites.

Additional linkages occur when people and organizations trained in VCT and STI treatment skills learn of other FHI interventions that can assist people seeking services (i.e., HIV prevention and care and support interventions, the IDU drop-in clubs or Women's Health Club and other Friends Helping Friends activities). At the same time, club staff or peer educators can refer members or other participants to outside VCT and STI programs.

Ultimately, not only should the activities be planned by the partners in a coordinated manner but also monitored carefully. This will guarantee that the interventions always work together smoothly and truly benefit the project participants and target populations.

Establishing and maintaining these linkages effectively reinforces behavior change communication efforts and increases the likelihood that those in need receive appropriate information, care and support.

# Cross-cutting “Lesson Learned”

## THE MOST ESSENTIAL LESSON LEARNED

While this report addresses lessons learned in discussions about each of the interventions, there is one significant “Lesson Learned” which applies to all interventions. This lesson is the foundation for all HIV/AIDS prevention work that can be done in the community in Viet Nam:

### WORKING CLOSELY WITH COMMUNITY AUTHORITIES IS VITAL.

In Viet Nam it is necessary to enter into an excellent understanding, collaboration and partnership with community authorities. This is the single most important action when working in HIV/AIDS prevention projects aimed at the general public. Is it even more crucial when working with, and for, projects trying to reach people with the highest risk behaviors, including PLWHAs.

Groups targeted by FHI-supported programs are often injecting drug users or female sex workers; therefore it is imperative that community authorities understand and join the project team, philosophically, physically and emotionally. At this time both drug use and sex work are illegal in Viet Nam, and the focus of an “anti-Social Evils” campaign, into which HIV/AIDS has also been thrown. This campaign interferes with the work of the project. As part of the campaign, any individual or even an establishment such as a restaurant, possessing a large number of condoms can become a target of suspicion from the police. If authorities are not properly oriented, peer educators with many condoms may be arrested and estab-



lishments distributing condoms may be fined or harassed. As a result, much fortitude is necessary for an agency to suggest conducting a risk reduction-based project for IDUs and female sex workers in this environment.

In Phase II, FHI’s public health approach to interventions proposed a women’s health center which must be a safe place for female sex workers and which uses the FSWs as peer educators. FHI also initiated harm reduction services for IDUs and condom sales through barbers, motorcycle taxi drivers and other non-traditional condom outlets. The project also began peer education based in workplaces and developed community peer education teams of PLWHAs who live in rehabilitation centers for injecting drug users and female sex workers.

▲  
Authorities  
participating at a  
World AIDS Day  
celebration in Hanoi.

What FHI and its partners learned from these projects is: In order to lay the ground work for success, it is necessary that the police, Department of Labor and Social Affairs, the Peoples' Committees, the Women's Union, the Youth Union, Labor Unions, the Peasants' Union and the Fatherland Front, among others, understand the project and become collaborators and players in the activities implemented. Advocacy meetings with local authorities, at the beginning of the situational analysis and planning process, and continuously throughout the project, can make all the difference in whether or not the project will succeed.

During the FHI-supported HIV/AIDS prevention project, having access to authorities helped overcome some of the advocacy and collaboration challenges, including:

- Authorities' initial suspicion about the condom social marketing program, in general, but most notably featuring work with non-traditional outlets (karaoke bars, hotels, others) in particular.
- The need existed for protection from police harassment for peer educators of all types: barbers, shoeshine boys, motorcycle taxi drivers, and especially, FSW and IDU peer educators. Some of the FSW peer educators were arrested at one point in the project.
- Special licenses were needed to guarantee barbers and shoeshine boys the right to carry out their work on the streets.
- The need for government clearance for locally developed media products delayed the project and required local partner intervention with authorities.

- The establishment and continuation of the IDU Drop-In Centers required advocacy with decision-makers and law enforcement authorities in order to secure and maintain legal validation for the centers.
- Community outreach by the residents of the rehabilitation centers (05/06) required sanctioning by the city authorities, especially the police.
- Effective management of an STI prevention project required engagement and commitment of the Provincial Peoples' Committees and the Provincial Health Services.
- If a project dismisses this advocacy and investment stage of any intervention, or attempts to rush through the process, the project may find itself on a long journey to implementation, encountering excessive obstacles along the way.

**KEY THOUGHTS:** Communities are only as accessible and involved in any sensitive HIV/AIDS project as are their local authorities. Repeated and collaborative work with these authorities, to solicit their support for the project strategy, takes commitment, energy and time. Ultimately, the advocacy is rewarded when the authorities invest in the work, the community reduces its opposition, and successful projects break new ground. The end products are often exciting, courageous HIV/AIDS prevention projects which become models for Viet Nam.

# CHAPTER THREE



**Mr. Hung of Phu Tai 05/06 Center resident in Binh Dinh Province.**

Mr. Hung was the leader of the core group of HIV+ Peer Educators at the Center. He has taught himself art and written and illustrated a series of real-life stories of HIV+ residents of the Center. He was also a writer of plays, and an actor in the performance troupe. He died of AIDS, October 6, 2003.

## CHAPTER THREE

# Spotlight on the Phase II Project Profiles

In Phase II, Family Health International developed a working relationship, and collaborated closely, with the National AIDS Standing Bureau on capacity-building, behavioral surveillance, monitoring and dissemination activities. In the seven selected provinces (Hai Phong, Can Tho, Binh Dinh, Quang Ninh, Hanoi, Dong Nai, and Thai Binh), FHI worked directly with the provincial AIDS authorities to carry out a range of HIV/AIDS behavior change and risk reduction interventions and related HIV/AIDS prevention activities. FHI also supported BSS Rounds I and II in five provinces (Hai Phong, Hanoi, Da Nang, Ho Chi Minh City and Can Tho).

Included in FHI supported interventions for Phase II were condom social marketing activities. DKT International carried out these activities in six provinces (Hai Phong, Can Tho, Binh Dinh, Quang Ninh, Quang Tri, and Tay Ninh). While all Phase II interventions have been completed, some of the interventions from Phase II continue into Phase III.

The three principle strategies through which FHI sought to achieve the objectives for Phase II interventions are again summarized below.

### STRATEGY ONE

#### **Promoting public health approaches.**

This strategy included activities such as support for HIV counseling services, risk reduction, behavior change communication and public health outreach. An objective related to this strategy was to improve HIV/AIDS behavioral surveillance data for decision-making and program planning.

### STRATEGY TWO

#### **Capacity-building of individuals and organizations involved in HIV/STI prevention and care.**

The activities related to this strategy included formal training, mentoring, workshops, provision of self-study materials, and participation in international conferences for both national and provincial level partners.

### STRATEGY THREE

#### **Developing and implementing effective behavior change and risk reduction interventions among vulnerable populations.**

These interventions include: drop-in centers/clubs and peer education community outreach for injecting drug users and sex workers, men's interventions using mass media and interpersonal communication (i.e., barbers, motorbike taxi drivers, and shoeshine boys). In addition to peer education in the work place, behavior change communication using TV and radio short spots and teledramas, HIV/AIDS question and answers in newspapers, STI skills training of pharmacists and private physicians, and condom social marketing.

The following chapter of this report will present a more in-depth discussion of each of the Phase II HIV/AIDS prevention project interventions supported by FHI/IMPACT in Viet Nam.



INTERVENTION ONE women taking care of their health and each other

# The Women's Health Club and Peer Education Project

Can Tho Province



**“For these days I have forgotten my sorrow.”**

Sex worker, Peer Educator Core group  
Can Tho, during a training workshop.<sup>1</sup>

**“You should try to understand our circumstances.”**

What sex workers want to say to those  
who discriminate against them.<sup>2</sup>

## The Situation

### THE NEED TO FOCUS ON WOMEN WHO ARE SEX WORKERS

By October 31, 2003, of the 73,660 known HIV positive people in Viet Nam, 15% were women, mostly female injecting drug users and/or sex workers. HIV Sentinel Surveillance of HIV sero-prevalence among female sex workers (FSWs) in 30 provinces in 2001 indicates that approximately 5% of female sex workers tested are HIV positive. Data also show an increase in FSWs injecting drugs.<sup>3</sup>

Commercial sex work is illegal in Viet Nam. The “anti-social evils” campaign against drug use, sex work and HIV/AIDS keeps women from coming forward to access help, counseling and care.

Can Tho City, on the Mekong River and close to Cambodia is one of the few cities in Viet Nam where by January 2000 most HIV infections had resulted from heterosexual transmission. In January 2000, 48% of the HIV positive cases identified were women, and FSWs made up 23% of the

total positive. Some of the HIV positive women previously worked as SWs in Cambodia and many sex workers continue to travel between Viet Nam and Cambodia.

The 2001 HSS in Can Tho indicated that 8% of the Can Tho FSWs tested were HIV positive. Can Tho ranks ninth out of 61 provinces, in number of people known to be HIV positive, as of October 31, 2003.

Behavior Surveillance Survey data for 2000 and 2001, show very few FSW interviewed in Can Tho reported ever injecting drugs. BSS 2000, results also show that only 58% of street-based sex workers reported using condoms consistently with regular clients and much less consistently with their non-paying partners; street-based SSWs averaged 3 clients a day. Only 38% of IDUs who visited sex workers during the last 12 months said that they used condoms with them every time.

A pre-project situational analysis funded by FHI and conducted by the Can Tho PASB found that:

1 Women's Health Club training exercise, Peter Kaufmann.

2 *ibid.*

3 MOH Presentation, Dr. Kinh, HIV/AIDS Technical Working Group September 5, 2002.



PROJECT GOAL

To mobilize, educate and raise self-esteem of female sex workers in order to promote safer sex practices and other safe behaviors for HIV/AIDS prevention.

- Sex work is prevalent and highly visible in Can Tho.
- Many FSWs are based at karaoke establishments, cafes, bars, hotels and restaurants while others work the streets, often aided by motorcycle taxi drivers.
- FSWs low educational levels, lack of access to information, economic vulnerability and fear of being arrested lead to risky practices (i.e., failure to use condoms).
- FSWs may know little about modes of HIV transmission, but have many questions regarding transmission and prevention.
- Male clients often refuse to use condoms, especially when under the influence of alcohol.

**The Project**

This is the first time any organization has supported FSWs in Can Tho through both peer outreach and a club providing prevention and care services. The Women's Health Club (WHC) project provides a safe, comfortable place for vulnerable women to gather for HIV/AIDS/STI and other education, counseling, recreation, entertainment and health care, especially STI check-ups and treatment. Initiated by the Provincial AIDS Standing Bureau, and supported by FHI, the club opened in September 2000.

The target groups are approximately 3,000 women involved in sex work who are at risk for HIV/STIs, their families and friends. The women live and work in three areas nearest the club: Bai Cat, Luu Huu Phuoc park and the new bus station.

Women can become club members or simply visit the club as they wish. Project staff includes one full-time manager, three certified health educators/counselors and one part-time STI physician. The staff organize and manage the club's in-

house and community based activities. The three health educators, seven former FSW Community Outreach Workers (COWs), and 126 member Peer Educators carried out thousands of outreach visits per year.

In Phase II, the health educators and COWs received an outreach worker's shoulder bag for supplies and BCC materials, T-shirts and hats. Another group of club member peer educators were trained in six sessions before qualification, with an emphasis on training many peer educators rather than an elite group. They were then

equipped to educate others on HIV/AIDS/STI prevention. DKT International provided condoms to the club for distribution and sales. The club now has some members who are IDUs and the education has changed to include IDU risk reduction information.

The discussion below focuses on the work done in Phase II, however, this project is

ongoing and many of the activities remain the same in Phase III. A new situational assessment completed in July 2003 will help the project adjust its direction and activities as necessary.

“Among sex workers fatalism outweighs behavioral risks: "When the God calls someone, she has to come.””

A sex worker interviewed in Can Tho, 2000

**Project Objectives**

- To increase the availability of HIV/AIDS/STI information and education.

- **To motivate FSWs** and help them develop skills in achieving safer behavior.
- **To improve the ability to prevent** STI/HIV infection.
- **To increase the socialization and involvement** of vulnerable women in the geographic area around the Club.
- **To build a broad-based peer educator team** which reaches as many women as possible.
- **To help FSWs** leave sex work.
- **To orient policy makers** about the public health approach to HIV prevention.

### Activities

As this project was developed activities fell into several categories:

- 1) those carried out in preparation for the project;
- 2) those which took place at the health club;
- 3) monitoring and evaluation activities;
- 4) peer outreach in the community; and
- 5) training activities.

#### In preparation for the project:

- **Situational Analysis:** Carried out by the PASB, supported by FHI, this study identified sexual behaviors of sex workers in Can Tho.
- **Formed Project Running Section (PRS):** The PRS oversaw the implementation of the project and represented the Health

Group training activities with sex worker peer educators.



Department, including the AIDS Division and Women's and Youth Unions.

- **Advocacy Meetings:** These meetings, organized with leaders of local authorities and associations gained consensus on development of the club's activities. Also, meetings were held with the proprietors of hotels, restaurants and bars to convince them to allow their employees to join the club and conduct outreach work, and to ask the owners to accept the distribution of condoms and posters on their premises.
- **Completed Administrative Formalities:** Can Tho People's Committee issued the permit for operation on June 26, 2000.
- **Lease/Renovation of Building:** The building for the women's health club is located in Luu Huu Phuong Park, in the center of Can Tho City.
- **Recruitment of Club Staff:** The project recruited a manager, health educators and supporting staff.
- **Plan of the Club Activity Format.**
- **Recruitment of Service Specialists:** The project chose fitness trainers, dance and music instructors, STI personnel and others.
- **Advertisement of the Club:** The advertisements encouraged the first fifty women to attend the opening ceremony.
- **Leaflets Describing the Club:** The project wrote and distributed leaflets in the community promoting the club.

#### AT THE HEALTH CLUB

- **Recruitment of Club Members and Distribution of Membership Cards.**



## The Women's Health Club and Peer Education Project

HIV/AIDS  
PREVENTION  
AND CARE  
IN VIETNAM  
1998-2003

The club offers free counseling, STI check-ups, condoms and BCC materials to members.

- **Recruitment and Training of Peer Educators:** Peer educators were recruited from among the club members and trained in health and sexual counseling methods.
- **STI Health Care:** Care (diagnosis, treatment and counseling) occurred in the clinic twice a week.
- **Recreational Activities:** The center offered fitness classes, classes in cooking, flower arranging and sewing, and musical performances.
- **Topic Talks:** Health, housekeeping, nutrition and other talks were given as per members' interests.
- **Educational Entertainment Performances:** These performances illustrated safer sex and other life skills, sometimes held in collaboration with the Center for Preventive Medicine.
- **Contests:** HIV/AIDS quiz competitions were held.
- **Targeted BCC Materials Developed and Distributed:** These materials included role model stories, leaflets giving information on HIV/AIDS prevention and condom use. Materials were developed with FSW input.
- **Condom Distribution:** Condoms were free to members until March 2001. After that they were sold at net price to all who visited the club or during outreach visits.
- **Free Meals:** The center sponsored breakfast and two other meals daily.



- **Job Training:** Training in manicure and hair dressing work began in 2002.
- **Literacy Training:** FSWs received lessons in reading and writing Vietnamese.

### MONITORING AND EVALUATION

- **Regular Monitoring Meetings:** Staff and Provincial AIDS Standing Bureau attended these meetings.
- **Random Interviews with Participants.**
- **Suggestion Box:** The box was provided for confidential suggestions.
- **Mid-term and End of Cycle Evaluations and Meetings** were held.

### PEER OUTREACH IN THE COMMUNITY

- **Visits to Sites Where Sex Workers Work:** Educators visited bars, restaurants, on the street, in "hot spots", communes, and women's homes. Club staff and community outreach workers carried out visits.
- **Information and advice:** Condom distribution, social support and introduction to the club were provided by three professional health educators, seven community outreach workers and 126 FSW peer educators.

Night-time community outreach to SWs by Club Health Educator.



### TRAINING FOR PEER EDUCATORS

A number of six-day courses were conducted in short intermittent sessions on: HIV/AIDS prevention, drug use, risk reduction, safe sexual behaviors, condom

## Leaps Forward for the Women's Health Club

By June 30, 2003

**920** women had become club members (586 indirect and 334 direct sex workers).

There had been **14,354** total visits to the club by FSWs.

**511** counseling sessions had met the needs of FSWs.

**651** women had received STI services, in **768** visits to the club's clinical service room.

**126** peer educators had completed six-session training. **559** women attended the education sessions.

Health Educators/COWs made **7,320** outreach visits and reached **53,236** women.

**16,899** items of BCC materials designed to be appropriate to the women had been distributed. Condoms were made more accessible both at the club and in the community. **54,410** were sold or given away (52,936 sold), of the total, **48,715** condoms were sold by the community outreach workers.

**65** topic based training sessions had been held.

**60** sessions for manicure training and **49** sessions for face massage/hair shampoo had been provided as vocational training.

**677** sessions providing entertainment and recreation had been offered.

Educational entertainment performances reached thousands of people in the community.

At least **86** FSWs left sex work, as a result of their involvement in the Club's work.

BSS data from 2001, show that 65% of the FSWs interviewed had heard of the Women's Health Club, 26% of the KSWs and 41% of the SSWs interviewed had ever visited it in the first year it was open. The majority of these FSWs had received specific services there (e.g., peer education, counseling, condoms, BCC materials, STI check-ups).

promotion and sales, referral making for STI/HIV counseling, testing, treatment and care. The club offered the training two days every week. To qualify, a peer educator had to attend six days of sessions, over a minimum three-month period. The club health educators were the trainers for the peer education workshops.

### Achievements

- **The project gained consensus and support** of provincial authorities and organizations after challenging discussions and preparations. Regular community meetings continue, attended by sex workers.
- **The PASB increased staff capacity and skills**, particularly in training, curriculum development and log frame writing and use.
- **The WHC is the only legal place** in southern Viet Nam providing FSWs a safe place to seek HIV/AIDS information and confidential STI checkups, social services and activities.<sup>4</sup> FSWs trust the confidentiality provided at the WHC, feel it is free from stigma and learn/build self-esteem. The WHC also provided homeless FSWs with some free meals, through community donations.
- **Positive images of women's rights and responsibilities** to take care of their own health were created and reinforced.
- **The volunteer Peer Educators feel pride** over the first community service work they have done, proving they could reach street sex workers and effect change, even when it was most difficult.
- **Most women who came to the club** reported learning about it through peer outreach workers.

Condom demonstration using penis model.



The Women's Health Club and Peer Education Project

HIV/AIDS PREVENTION AND CARE IN VIET NAM 1998-2003

- Club members reported that the health education at the club improved their knowledge of HIV/STI prevention, care and treatment when other sources had not given them clear messages.
- Many local community members supported the club, stating it is a good place for FSWs to learn to protect themselves from disease.
- The project created six Community Outreach Worker positions for the core peer educators of the club. In mid-2002, at the request of members, vocational training in manicurist, face massage and hair shampooing skills replaced the topic talks offered earlier.
- The level of reported condom use improved among direct sex workers from 30% to 80% by the end of 2001.
- Community agencies and authorities included club members in their HIV/AIDS prevention work.
- There has been a request for the replication of the club in the Thot Not "hot spot" district of Can Tho province and in other provinces as well.

“The club staff are dedicated to the club activities and the sex workers. They have created a place where sex workers can feel loved, cared for and respected while learning vital information on protecting themselves and practicing safer sexual behaviors.<sup>5</sup>”

■ The activities of a club for FSWs can be successfully integrated into the work of other community agencies, such as the Preventive Medicine Center.

■ FSWs can make effective, committed PEs/Community Outreach Workers, when provided quality basic and follow-up training and when based in a Women's Health Club's safe space.

■ The "Anti-Social Evils" campaign interfered with the Club's activities throughout the project cycle, but especially from the autumn 2001 to July 2002, when COWs had to

learn how to reach SSWs who stopped working or worked secretly. This required strengthening of and support for the COWs. Some highly committed PEs were arrested and sent to rehabilitation centers. Their release had to be negotiated by the project so they could continue their PE work while being required to leave sex work.

■ It is important to link the women's health club intervention to positive behavior changes among sex workers. However, condom

Welcoming smiles of club staff (left to right: 3 health educators and club manager).

## Lessons Learned

- Community authorities (Police, Social Affairs, the Peoples' Committee) must be active players in the work. Advocacy with the authorities is a key variable for the success of such a project.
- PASBs may need systematic project assistance in management skills development.



5 "Mid-Term Evaluation at Women's Health Club," FHI, Rosanne Rushing, September 28, 2001.

use will not always be successful because poor sex workers may continue to accept sex without condoms in order to earn more money.

- **STI checkups are useful** but FSWs also need treatment with medication that they cannot afford. Now the club manager seeks community donations for medication and food distribution.
- **It is necessary to provide job-training activities** to support women wanting to leave sex work. Consideration should also be given to introducing small business training and micro-credit schemes for these women.
- **As the epidemic changes in Can Tho,**

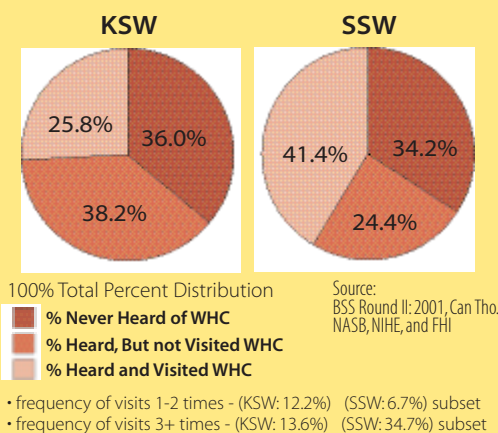
the club can change its educational approach. It will add education related to female condoms, lubricants and risk reduction for the increasing number of sex workers who are IDUs.

- **The BSS can be used,** when conducted side-by-side with these interventions, to assess the overall exposure of FSWs in the communities to the WHC and peer education intervention. It can also help track FSWs' HIV/AIDS risk behaviors over time.

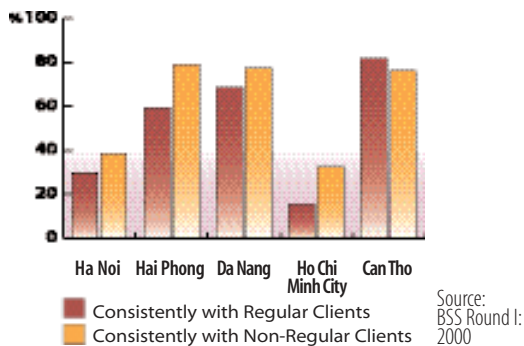
### The Future

Since Can Tho is one of the three focal provinces in Phase III, an up to date situational assessment related to women's health and populations at risk has been completed. It will help determine the direction that the Women's Health Club takes over the next two years. It is expected that some of the activities will change to reflect increases in the percentage of women injecting drugs or other differences in the reality of 2003. The partners continue to be enthusiastic and determined to take the project to even greater success than in Phase II.

**Karaoke-based Sex Workers (KSW) and Street-based Sex Worker (SSW) Exposure to the Women's Health Club for Sex Workers in Can Tho City: 2000-2001.**



**Establishment-Based Sex Workers**  
Percent Who Used Condoms Consistently with Clients in the Past 12 Months, By Type of Client and Province



#### What are the inner dialogs of a sex worker when a client offers more money for unsafe sex?

##### SUPPORTING CONDOM USE

- “He could have an STI.”
- “Think of the future.”
- “You are a role model peer educator.”

##### SUPPORTING ACCEPTING MONEY FOR NO CONDOM USE

- “You need the money for medicine for your family.”
- “I need money for me to buy things.”
- “Take the money and run away!”

From Peer Educator training at the Women's Health<sup>6</sup>

INTERVENTION TWO

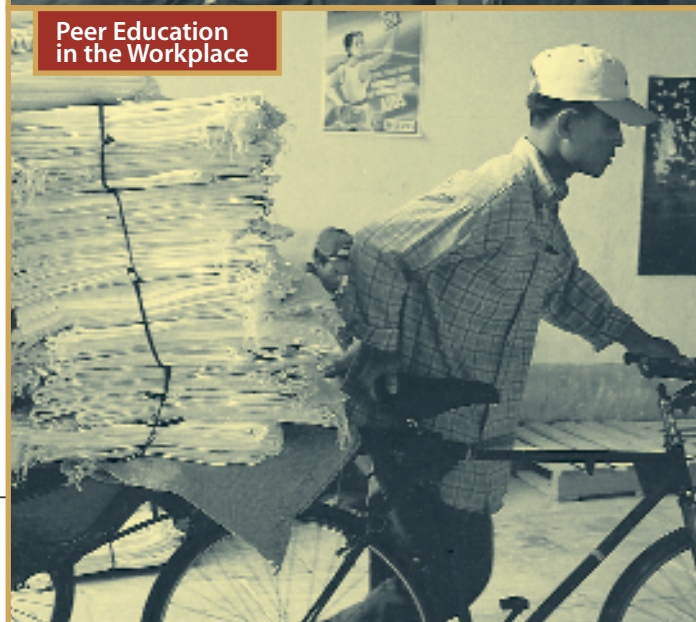
# Men's Interventions: Men Taking Responsibility in HIV/AIDS Prevention

## The Overall Situation THE NEED TO FOCUS ON MEN

In Viet Nam, there are few AIDS prevention programs or behavior change communication materials targeted toward the sexual health and healthy living needs of the general population of men who may be susceptible to HIV infection through their sexual behavior or drug use.

Of the more than 73,660 people in Viet Nam known to be HIV positive 85% percent are men, mostly young, sexually active injecting drug users, and clients of sex workers. Approximately 90% of IDUs are men. Often, these men do not practice safer sexual or injecting practices. They come from all strata in society. In addition, many men in different occupational groups visit sex workers. These men are viewed as the bridge population that could spread the epidemic, currently concentrated in IDUs and FSWs, to the general population. This would happen through unprotected sexual relations with their wives, girlfriends, and/or casual sexual partners.<sup>1</sup>

National Behavioral Surveillance Survey 2000 data revealed that for long distance truck drivers, male IDUs and male migrant population groups, many men have multiple sex partners and practice condom use inconsistently in commercial, casual and committed sexual relationships.



<sup>1</sup> "Getting Men More Involved in HIV/AIDS Prevention in Viet Nam: A Multi-pronged Approach". FHI-Viet Nam. Poster and oral presentations presented at 6th ICAAP, Melbourne, Australia. October 2001.

## The Project Components

The main components of the Men's Interventions: "Men Taking Responsibility in HIV/AIDS Prevention Work" include peer education activities in a number of workplace settings. The activities are as follows:

**PART I:  
Peer Education by Barbers and Shoeshine Boys**

**PART II:  
Peer Education by Motorcycle Taxi Drivers**

**PART III:  
HIV/AIDS Peer Education in the Workplace**

Other activities supported these primary components, in the best sense of interlinked interventions. The Men's Intervention activities are identified in Parts I-III below.

## Overall Project Objectives

- **To reinforce social norms** that support male responsibility to families and society and safer behaviors for HIV/AIDS prevention.
- **To target men at risk of HIV/AIDS and other STIs**, and people who may influence them.
- **To raise awareness** of men's sexual health.
- **To increase the sense of responsibility and obligation** of the owners of enterprises to support HIV/STI control and prevention training and prevention training for company workers.
- **To reach men** in natural settings.

## PROJECT GOAL

**To improve HIV/AIDS awareness and knowledge and to promote safe behaviors concerning HIV/AIDS prevention among men in the general population.**

## Lessons Learned Common to All Men's Peer Education Interventions

While there are lessons learned that are specific to each of the Men's Interventions, there are also some that apply to all. These are the lessons learned that drive the work being carried out today, and are instructive to any future intervention design and implementation.

The lessons include:

- **Interventions that focus on men as key-decision makers in sexual negotiation** are critical to promoting safer sex practices.
- **Community authorities** (Police, Social Affairs, the Peoples' Committee) must be important players in the prevention activities as they smooth out bureaucratic difficulties and facilitate community work. In every province a close alliance with authorities made all the difference in whether or not the intervention would be possible and/or succeed.
- **Targeting appropriate places** where men congregate and feel comfortable succeeded in reaching men and making them aware of HIV/AIDS prevention and behavior change messages.
- **Interpersonal communication** through peer education works in Viet Nam.
- **The interventions targeting men** improve condom accessibility but it is essential that peer educators are aware of the location of the non-traditional condom outlets available so they can disseminate this information to clients.



- A well-designed and timely data collection and monitoring system needs to be in place before these interventions begin.
- The BSS data for various male target groups can be used to assess: men's exposure to the specific interventions, changes in men's sexual practices and condom use behavior.

## PART I

# Peer Education by Barbers and Shoeshine Boys

HAI PHONG, QUANG NINH  
AND HA NOI PROVINCES



Tien is one of sixty-five barbers in Hai Phong trained to educate his male clientele. This combines his trade with a new role as HIV/AIDS peer educator. The barbers meet thousands of men as they cut hair and clean ears. The customers take away more than a good haircut; they most likely know more about the prevention of HIV transmission than they did when they sat down for a haircut. They also may have a new condom or two in their pockets and know how to use them correctly.

## The Provincial Situation

### THE FIRST PROJECT SITE

Hai Phong, a center for traders and seamen, and a terminus of highway transportation routes to much of Viet Nam, also sits on drug trafficking routes from China. It ranks number two in HIV prevalence rates (out of 61 provinces). BSS 2000 data show that in Hai Phong 35% of LDTDs, 20% of migrant workers (sailors, porters) and 15% of IDUs had sex with a sex worker within the previous 12 months. Furthermore, men's condom use with sex workers, casual sex

“Barber Tien snips away at the mop of dark hair in front of him, chatting with his young male customer. “You really must use condoms if you are sleeping with more than one woman because you don’t know who could have AIDS,” he says as he trims. “What if you got AIDS and then passed it on to your wife?”

“But condoms don’t feel comfortable,” the customer says.

“Maybe you aren’t using them properly? Besides, isn’t it better to be safe?”<sup>2</sup>”

<sup>2</sup> “A sharp message. Vietnam barbers spread anti-AIDS message,” Bangkok Post, October 8, 2001, Angela Takats, Reuters.



▲  
**Barber Peer  
Education team  
at work.**

partners and regular partners/spouses was reported as low and/or inconsistent.

### THE NEW SITES

**Quang Ninh's** large number of mobile male workers, seafarers and coal miners, an improved transportation route, increasing tourism in addition to its importance as a site on drug trafficking routes from China, make it an especially vulnerable province. It now has the highest HIV positive prevalence rate in the country. Ha Long City and Cam Pha Township, the project sites, are the major "hotspots" in the province for sex work and/or injecting drug use.

**Ha Noi**, Viet Nam's capital city, is a robust center of commerce, education and government, with two and a half million people, hundreds of thousands of rural migrants (workers and students), a growing commercial sex industry and rapidly increasing numbers of IDUs. It now ranks number four in number of reported HIV infections and seventh in HIV prevalence. The 2002 National HIV Sentinel Surveillance indicates that 25% of IDUs in Ha Noi and 75% of IDUs in Quang Ninh tested HIV+. In 2002, 1.5% of new military recruits in Quang Ninh and 0.9% of new military recruits in Hai Phong, tested HIV positive, compared to 0.9% nationally.

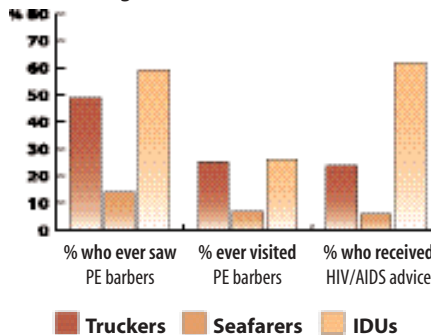
## The Project

The Phase II, barber and shoeshine boy interventions began in February 2001 in Hai Phong and more recently, barbers interventions began in Quang Ninh and Ha Noi in mid-2002. The Provincial AIDS Standing Bureaus of Hai Phong, Quang Ninh and Ha Noi received financial and technical support from FHI. The projects are well staffed and supported by the PASB, the Health Department, People's Committee and FHI.

Most Vietnamese men still frequent street-based barbers and shoeshine boys for their services. The project uses these barbers and shoeshine boys as HIV/AIDS educators, in their natural work sites. Barbers share HIV prevention messages in one-on-one interactions with customers, and they provide BCC materials and condoms while they cut customers' hair. Due to their age, shoeshine boys were limited to dissemination of BCC materials to their clients.

In Hai Phong, the barbers exhibit pride in the specially made equipment and uniforms they receive (i.e. sunroof/awnings, barber mirrors and trays, barber chairs, shirts, jackets, hats, client aprons, blade disposal containers, condom distribution containers, posters, brochures, comics, pamphlets and sticker messages). In teams of ten, they work under specially designed colorful awnings with HIV/AIDS prevention messages, hung on walls along the street. Stickers on mirrors and supply tray sets ask

**Male Exposure to Barbers' Peer Education Intervention in Hai Phong BSS 2001 (BSS Round II for Hai Phong)**



Percentage are of the total in the population-based BSS samples of different male groups.

clients to use condoms: "How can condoms help you? They make you happy, more civilized and safer in the face of the HIV/AIDS epidemic." DKT International provides the condoms for sale. The shoeshine boys sported new shoeshine kits, T-shirts and caps with project logos and condom use messages. All volunteers receive comic books and other BCC materials on HIV/AIDS related topics, for reading (STI booklets) and some for free distribution (leaflets and brochures on HIV/AIDS prevention). They also receive permits to carry out their work. Barber and shoeshine boy team leaders earn a small stipend each month and team members receive a once a month travel allowance to attend monthly team meetings.

While the barbers' intervention continues into Phase III and is expanding, the shoeshine boys' intervention has ended. The activities described below reflect the intervention as completed by the end of December 2002. The numbers cited reflect the totals for work continued through May 2003.

Details on the newer Ha Noi barbers' project are found in Chapter 4.

## Activities

When setting up and implementing the barbers' or shoeshine boys' peer education work in a province the following activities were included:

- **Situational Analysis:** The PASB and FHI conducted this pre-project analysis.
- **Selected Organizing Board:** This board was responsible for assuring good conditions for implementation.
- **Identified Relevant Project Sites:** Sites for barber teams were selected.
- **Advocacy Meetings:** The meetings were held with local authorities to seek political consensus.

- **Completed Administrative Formalities:**

These agreements with the People's Committee and police allowed peer educators to work on the streets. The project also obtained special licenses for these businesses and workers.

- **Focus Groups:** The focus group discussions were carried out with target groups to determine BCC themes.

- **Developed Informational Toolkit:**

Development of the toolkit for dissemination of BCC by barbers and shoeshine boys was completed. This included: periodical comic books, stickers and leaflets.

- **Barber Teams and Shoeshine Boy Groups Established:**

Groups and team leaders were chosen.

- **Teams Trained in one-day workshop:**

This training covered HIV/AIDS knowledge and communication skills. In Ha Noi, the barbers receive a two-day training course.

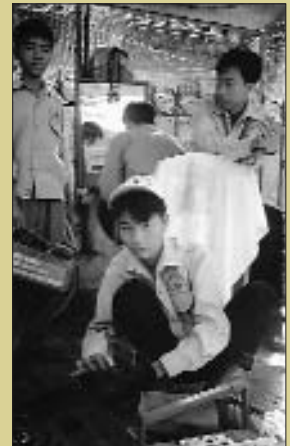
- **Equipped Barbers and Shoeshine Boys:** As described above.

- **Day-to-day one-on-one Education**

**Activities with Customers:** These activities occurred at the peer educators' work sites.

- **Monthly Review/Support Meetings:**

The PASB held monthly meetings with team leaders.



▲ PE shoeshine boys with customers.



◀ Newly trained barbers receiving PE kits.

- **Regular Monitoring:** FHI staff, PASB and others carried out monitoring of projects.
- **Mid-term Evaluation:** A mid-term evaluation was conducted by an external evaluator in September 2001.
- **Refresher Training:** This peer educator training was held as needed.
- **An Evaluation and Review Meeting:** This meeting took place at the end of the project.
- **Expansion/Replication:** The barber intervention was replicated in FHI project provinces: Quang Ninh and Ha Noi (site visits were made to Hai Phong project and training was provided by the Hai Phong project trainers).

## TRAINING

Hai Phong's selected barber volunteers received one day training courses on HIV/AIDS prevention, drug use, risk reduction, safe sexual behaviors, condom promotion and sales, referral making for STI/HIV counseling, testing, treatment and care. Shoeshine boys received similar training with the exception of condom sales information. In Ha Noi, barbers received two days of training.

A one-day refresher workshop occurred after a practice period. The refresher training included: information on non-traditional condom outlets, review of basic HIV/AIDS knowledge, communication skills, educational materials distribution skills, referrals for HIV/STI testing and registration to sell condoms as NTOs for barbers. Trainers included the PASB through the IEC Center, FHI staff and consultants and DKT International.

## Achievements

- **The active and progressive Hai Phong**

PASB, Health Department and People's Committee, in collaboration with FHI created an exciting project that broke new ground in Viet Nam.

- **Barbers and shoeshine boys experienced raised self-esteem** and increased public respect because their jobs made a difference to others in their work. Customers made return visits because they trusted the barbers, partly due to their association with the project.

### Success

BY MAY 30, 2003, the peer educators had reached large numbers of men:

#### Hai Phong

65 trained barbers reached 68,785 men with HIV/AIDS prevention messages, through one-to-one communication with their customers. The barbers distributed 34,776 BCC materials and sold 6,257 condoms. (Condom sales did not start until the project had been underway for about a year). 20 shoeshine boys reached 11,134 customers, distributing 7,517 BCC materials.

#### Quang Ninh

27 new barbers trained began work June 2002 reaching 11,500 men and distributing 4,400 BCC materials.

#### Ha Noi

6 new sites were established. 70 new barbers were trained by June 2002; 60 are active and 10 are reserve participants. By June 30, 2003, these barbers had 113,675 visits from 50,145 male clients to whom they provided HIV/AIDS education. The peer educators distributed 108,325 BCC materials and provided 52,012 condoms to customers.

- **BCC materials appropriate to the customers** were designed and disseminated.
- **Positive images of male responsibility** were created and reinforced.
- **Condoms** were made more accessible.
- **Interventions reached** a stable population as well as migrant workers.
- **Positive international and national media coverage** (TV, radio and newspapers) of the barbers' interventions illustrated widespread public interest. This included coverage by Vietnam Television, Voice of Viet Nam, the Bangkok Post, BBC and Reuters. The mass media coverage of the barbers project further conveyed HIV/AIDS prevention messages at no extra cost and encouraged further replication of the barbers' interventions in other provinces.
- **Data from BSS Round II** (2001) show that 24% of all LDTDs surveyed in Hai Phong had visited the project barbers and talked to them about and/or received information on HIV prevention from them during their visit.
- **The project gained international attention** through an information sheet prepared by The Synergy Project in the United States, in 2003.
- **Sites in 2002-03:** Ha Noi, Cam Pha/Ha Long in Quang Ninh Provinces plus two additional sites in Hai Phong.

## Lessons Learned Particular to Barber and Shoeshine Boy Peer Education

- **Barbers participated enthusiastically** because they like contributing to community service and they also gained extensive knowledge about HIV/AIDS. The barbers and shoeshine boys were provided safe, clean and secure places to work on the street that attracted an increased number of clients.
- **Special licenses for all barbers and shoeshine boys** were essential to legitimize their status with local authorities and to avoid harassment by police and other local interest groups. In Ha Noi additional negotiations were carried out when the city began a campaign to clean up the streets and many barbers were asked to move their worksites.
- **Vietnamese and international media** were willing to feature these innovative HIV/AIDS projects on TV, radio and in newspapers free of charge.
- **It is important that the peer educators know about nearby condom outlets** and the IDU drop-in centers so they can pass on this information to clients, if necessary.
- **Shoeshine boys**, the majority of whom are migrants, were difficult to supervise and there was a relatively high dropout/turnover rate of these young volunteers in the first year. This was primarily due to their high mobility (within the first six months of the intervention 10 additional shoeshine boys had to be trained after half of the original 20 had dropped out or left the area). Therefore, despite their productivity in Hai Phong, this activity was not replicated in other provinces.



Shoeshine Box Sign: "Condoms are excellent to help prevent HIV/AIDS and to have a peaceful life."

## PART II

# Peer Education by Motorcycle Taxi Drivers

## CAN THO, BINH DINH, AND QUANG NINH PROVINCES

### The Provincial Situation

#### THE FIRST PROJECT SITES

**Can Tho City**, in the Mekong River Delta region, from which many women migrate to Cambodia as sex workers, is one of the few areas in Viet Nam where most reported HIV infections had resulted from heterosexual transmission when the project

began in 2000. In 2002, authorities reported increasing numbers

of IDU- related infections. In the BSS 2000, the percentages of men reporting having sex with a sex worker in the past 12 months were LDTDs, 39%; migrant workers 7% and IDUs 6%. Those who reported using condoms consistently with FSWs were: LDTDs 70%, Migrant Workers 62% and IDUs 38%. With casual and regular partners the percentage fell dramatically. 62% of café and bar based SWs and 74% of street-based SWs do not consistently use condoms with casual or regular clients. By 2003, Can Tho province ranked ninth (out of 61 provinces) in HIV infection numbers.

**Binh Dinh**, with seaports, National Highway 1, Highway 19 (to Cambodia) and many students and workers returning from Ho Chi Minh City, this province reports increasing drug use, sex work and HIV infection rates. According to the most recent HSS, HIV prevalence among sex workers appears to be increasing.

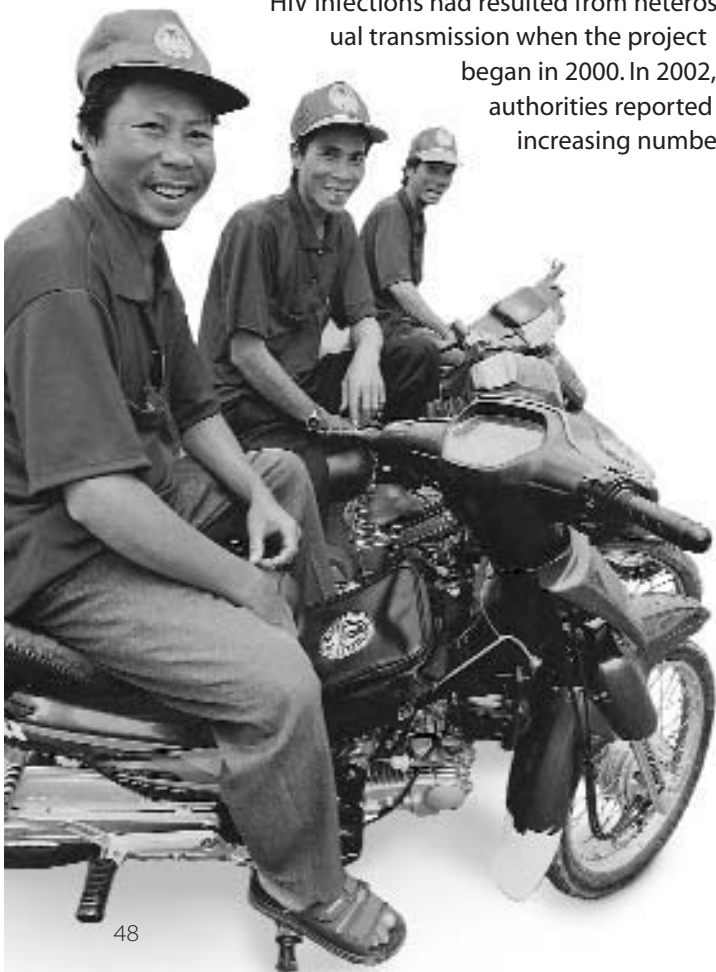
#### A New Site

**Quang Ninh's** large number of mobile men, coal miners, improving transportation network, increasing tourism and importance on the drug trafficking routes from China contribute to the highest HIV positive prevalence rate of any province in the country.

#### The Project

**The Motorcycle Taxi Driver Peer Education Men's Intervention of the HIV/AIDS Prevention Behavior Change Communication Project** began in October 2000. The Provincial AIDS Standing Bureaus in Can Tho, Binh Dinh and Quang Ninh received financial and technical support from FHI.

The project used teams of motorcycle taxi drivers (known as "xe om" drivers) as volunteer HIV/AIDS peer educators to community men, as well as to men traveling through the province or visiting the



“**In Can Tho**, Mr. Buu, secretary of the local veterans’ association and a member of the local night security detail, drives a motorcycle taxi. He also works as an HIV/AIDS peer educator along the Condom Tunnel in Thot Nhot district, an area known for its high level of commercial sex activities. As he picks up a passenger who wants to be taken to a sex worker, his new communication skills allow him to explain condom use to the man. “I’m very socially aware,” he shrugs. “Men here are very playful—I know there’s a problem.”<sup>3</sup>”

province for work or recreation. A team leader headed each team of ten PEs. The taxi drivers transport vast numbers of people daily, and are especially used by men seeking sex workers. These drivers often work near or between “hot spots” for commercial sex or drug use (hotels, truck stops, karaoke bars, and restaurants) along major highways and inter-sections, near factories and commercial areas and seaport/river port and ferry crossing areas.

After training, the PEs provided HIV/AIDS prevention information, gave out print materials and condoms and instructed in condom use, one-on-one to their male customers. The drivers received a supply bag, a BCC materials distribution kit (leaflets) and project uniforms. Group leaders received a monthly incentive. Representatives from the Preventive Medicine Department or Health Department met with each team at their work site monthly. With FHI financial support, DKT International provided condom promotion training, advertising, and BCC materials to the

“In Quy Nhon City, a motorcycle taxi driver, also a barber, sells condoms. His usual target groups include students and men. When he takes clients to sex workers he gives them leaflets and sometimes sells them condoms. He is happy to be working with the project.”<sup>4</sup>”

motorcycle taxi drivers. Condoms were available for purchase from the driver, if he chose to be a salesman.

Can Tho and Binh Dinh were the original sites for this intervention. Due to the success there, Cam Pha and Ha Long City in Quang Ninh began to replicate this work in March, 2002.

The activities discussed below pertain to Phase II and the numbers cited reflect the totals for work continued through December 31, 2002 for Quang Ninh Province and September 30, 2002 for Can Tho and Binh Dinh Provinces.

## Activities

In each province the following activities took place in preparation for and implementation of the taxi driver peer educator interventions. The period of time needed to work through each phase of the intervention varied with each province. Some processes were smooth; others required more negotiation with authorities and communities.

The activities are as follows:

- **Situational Analysis:** The project team collected and analyzed data in each province.
- **Rapid Assessment of Men’s Opinions:** In each province, the team conducted a rapid survey of men on their perception about the barriers to HIV/STI prevention.
- **KAP:** Focus groups were held and key messages developed from this data.
- **Advocacy Meetings with Authorities:** These meetings helped gain and ensure community and party leaders’ support

3 “HIV/AIDS Prevention in Viet Nam”, FHI, December 2001, George W. Russell.

4 “Final Evaluation of the Can Tho Intervention to Support Men”, FHI, Rosanne Rushing, September 24, 2001

for, and involvement in, the Men's Intervention activities.

- **Coordination and Planning Meetings:** These meetings allowed the project team to fine tune and coordinate the role and responsibilities of each PASB member organization.
- **Development of BCC Materials:** The PASB, Provincial IEC Center and an advertising agency developed materials that FHI then approved.



### Reaching Men on Wheels

By December 31, 2002 (Quang Ninh Province) and September 30, 2002 (Can Tho and Binh Dinh Provinces):

290 motorcycle taxi drivers were trained as peer educators (100 in Can Tho, 150 in Binh Dinh, 40 new educators in Quang Ninh).

They reached 47,357 male customers in Can Tho and Binh Dinh and 15,500 in Quang Ninh.

They also distributed 64,407 pieces of BCC materials and 14,645 condoms.

- **Motorcycle Taxi Driver Peer Educator Teams Formation:** These teams carried out the every day one-on-one HIV/AIDS education communication work in the community.
- **Training for the PE Teams:** This training consisted of a one or two day training course initially, with a follow-up refresher course during year two.
- **Equipped Motorcycle Taxi Drivers:** As described previously.
- **Launching Meeting:** Meetings kicked off the campaign with the media.
- **Day-to-Day Interpersonal HIV/AIDS Prevention Education Activities with Customers:** These activities occurred at the peer educators' taxi driver work sites.
- **Monthly Review and Support:** Meetings were held with team leaders.
- **Regular Monitoring:** PASB, FHI staff and others carried out regular monitoring.
- **Mid-term Evaluation:** An external evaluator conducted a mid-term evaluation.
- **Refresher Training:** This training with peer educators was held as needed.
- **An Evaluation and Review Meeting:** This meeting took place at the end of the project.



“Xe om” drivers serving their community as HIV/AIDS Peer Educators in Can Tho.





## Lessons Learned Particular to Motorcycle Taxi Peer Education

### TRAINING

Drivers received one day training courses on communication skills, HIV/AIDS prevention, drug use, risk reduction, safer sexual behaviors, condom promotion and sales, referral making for STI/HIV counseling, testing, treatment and care.

Refresher training occurred after a practice period. Trainers included the PASB, the Preventive Medicine Department (Can Tho), FHI staff, consultants and DKT.

### Achievements

- **Motorcycle taxi drivers experienced pride** over the first community service work they have done.
- **BCC materials appropriate to the customers** were designed and disseminated.
- **Condoms were made more accessible.**
- **Positive images of male responsibility** were created and reinforced.
- **Interventions reach stable populations** as well as migrant workers.
- **Replication took place in new sites in 2002:** Cam Pha and Ha Long City in Quang Ninh.

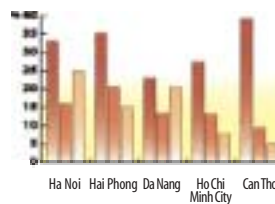
■ **Provincial AIDS Committees are also committed to many other activities**, therefore a project timeline needs to be flexible. The PAC also vary in their level of expertise in BCC materials development and ability to choose appropriate messages, and training must reflect this.

■ **The anti-Social Evils campaign interferes with the implementation of these projects** because possession of many condoms can lead to the person's arrest. The social evils campaign can also force sex work into more hidden and unsafe environments.

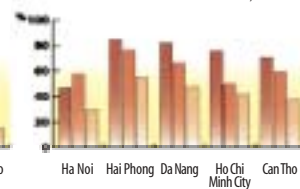
■ **It is essential that the peer educators are able to easily obtain condoms** so that they can sell them to their customers. In Quang Ninh, condoms have not been available through the project budget. As a result, there were no condoms distributed through this intervention as of September 2002. However, DKT International then trained the xe om drivers, supplied them with condoms and informed them about nearby condom outlets.

■ **It is important to assure a common policy** for incentive distribution to the peer educators to help maintain motivation to implement the activities.

Male Populations Percent having Sex with a Sex Worker in the Past 12 Months (BSS Round I: 2000)



Percent Used Condoms Consistently with Sex Worker Partners in Past 12 Months (Male Populations with a Sex Worker in the Past 12 Months)



■ **Long Distance Truck Drivers** ■ **Migrant Workers** ■ **IDUs**

\* For Hai Phong and Da Nang migrant workers are seafarers; for Hanoi and HCMC they are construction workers; and for Can Tho they are porters/stevedores.

## PART III

# HIV/AIDS Peer Education in the Workplace

## BINH DINH AND CAN THO PROVINCES



▲ FHI supports PE activities at government and private factory work sites.

### ▲ The Provincial Situation

**Can Tho City**, in the Mekong River Delta region from which many women go to Cambodia as sex workers, is one of the few areas in Viet Nam where most reported HIV infections had resulted from heterosexual transmission when the project began in 2000. In 2002, authorities reported increasing numbers of IDU-related infections. In the BSS 2000 the percentages of men reporting having sex with a sex worker in the past 12 months were LDTDs 39%; migrant workers 7% and IDUs 6%. Those who reported using condoms consistently with FSWs were: LDTDs 70%, Migrant Workers 62% and IDUs 38%. With casual and regular partners the percentage fell dramatically. 62% of café and bar based SWs

and 74% of SSWs do not consistently use condoms with casual or regular clients. In 2002 Can Tho province ranked eleventh (out of 61 provinces) in HIV infection numbers.

**Binh Dinh**, with seaports, National Highway 1, Highway 19 (to Cambodia) and many students and workers returning from Ho Chi Minh City shows increasing drug use, sex work and HIV infection rates. According to the most recent HSS HIV prevalence among sex workers appears to be increasing.

### The Project

**The Peer Education in the Workplace Intervention** is part of a larger set of activities under the Men's Interventions implemented by the Can Tho and Binh Dinh provincial AIDS Standing Bureaus that began in October 2000. The Can Tho and Binh Dinh PASBs received financial and technical support from FHI. FHI also supported DKT International to promote condom use and to open and maintain condom distribution in non-traditional outlets in "hotspot" areas.

The "Workplace Peer Educators" component of the Men's Intervention, trained men to serve as HIV/AIDS peer educators for both men from the local community and temporary migrant workers who are working in factories. Some women working at the factories also benefited from the HIV/AIDS education and information provided. Peer education programs ran in eight factories (seven government and one private), with large populations of mobile male employees best reached for HIV/AIDS education by their peers. The factories specialize in pharmaceuticals, textiles, clothing, urban construction, transportation, rubber, rice milling and vegetable oil processing.

In Binh Dinh, the activities in four factories were complemented by the on-site work of the Viet Nam Youth Union, Peasants' Association, Labor Union and others. These joint activities lead to more effective HIV/AIDS prevention work within the

factories. Can Tho, with four factories participating in the project, boasts a model program in the garment factory with its success attributed to collaboration with the Labor Union. The trained Workplace Peer Educators also received educational materials, project shirts and caps, supply bags, condoms for distribution, penis models and aprons printed with female and male reproductive organs, for educational use.

This intervention ended September 30, 2002.

### Activities

As with the other peer education interventions, the following activities took place in each province, in preparation for and implementation of workplace HIV/AIDS prevention education work.

The activities were as follows:

- **Situational Analysis:** The project team collected and analyzed data in each province.
- **Rapid Assessment of Men's Opinions:** The team conducted a rapid survey of men related to their perception about the barriers to HIV/STI prevention in each province.
- **KAP:** Focus groups were held and key messages developed from this data.
- **Advocacy Meetings with Authorities:** These meetings helped gain and ensure community and party leaders' support for, and involvement in, the Men's Intervention BCC activities.
- **Coordination and Planning Meetings:** These meetings allowed the project team to fine tune and coordinate the role and responsibilities of each PASB member organization.
- **Development of BCC Materials:** The

PASB, the Provincial IEC Center and advertising agency developed materials, which FHI then approved.

- **Workplace Peer Educator Teams Formation:** These teams carried out the every day one-on-one HIV/AIDS education communication work in the workplaces.
- **Equipped Workplace Peer Educators:** As described previously.
- **Training for Peer Educator Teams:** This training consisted of a four-day training workshop.
- **Launching Meeting:** The launching meetings kicked off the campaign with the media.
- **Designed and Implemented Education Activities:** These activities included one-on-one discussions, participatory workshops, question and answer sessions/contests, drama, performances for special days, meetings, camping and sports events.

### Reaching Factory Workers On the Job

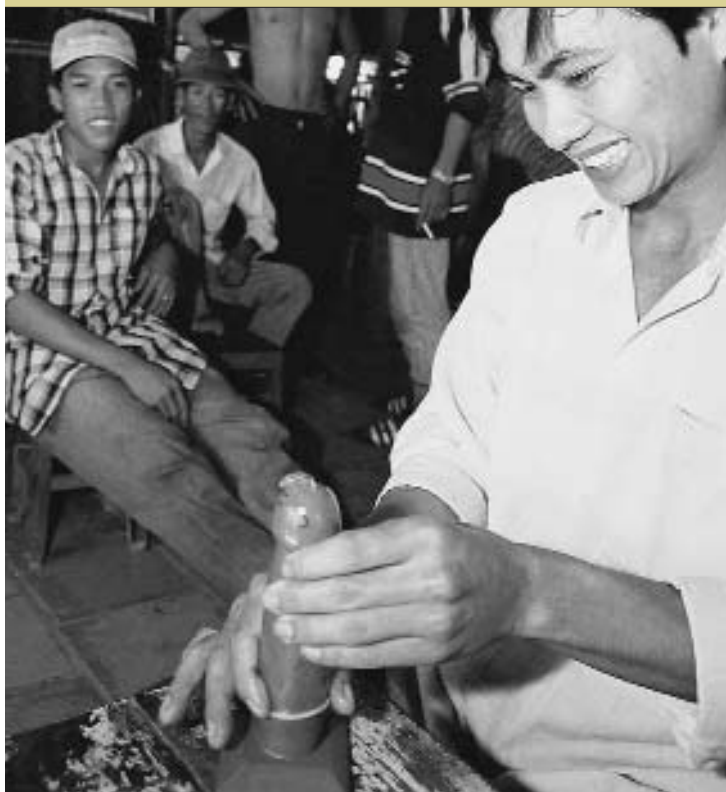
By September 30, 2002

**125** workplace peer educators completed training.

The peer educators reached **24,651** workers in factories and the community with education and behavior change messages.

**13,268** BCC materials were distributed in the workplace.

**8** mini-libraries were set up in workplaces, (in response to requests for a wider variety of educational materials, including both a range of print and audio-visual BCC materials). These libraries are furnished with a TV, VCR and storage cabinet.



▲ FHI supported PE activities at private rice mill in Can Tho.

- **Development of Individualized BCC Materials:** These materials met the individual needs of workplaces.
- **Established Mini-libraries** with both print and audio-visual materials.
- **Refresher Training:** This training with peer educators was held as needed.
- **Regular Monitoring:** FHI staff, PASB and others carried out regular monitoring.
- **Mid-term Evaluation:** An external consultant carried out this evaluation.
- **An Evaluation and Review Meeting:** This meeting took place at the end of the project.

### TRAINING

Four-day courses for workplace peer educators included communication skills, HIV

/AIDS prevention, drug use, risk reduction, safe sexual behaviors, condom promotion and sales, referral making for STI/HIV counseling, testing, treatment and care and facilitation methodology work. The PASBs and DKT trained the peer educators about condom use and promotion.

Refresher training occurred in the second year of the project, run by the PASBs.

### Achievements

- **Company management** became involved and invested in the project.
- **BCC materials appropriate to the workers** were designed and disseminated. Proactive Peer Educators developed BCC materials beyond those created in the project.
- **Condoms were made more accessible** with outlets established in some of the workplaces.
- **Positive images of male responsibility** were created and reinforced.
- **Interventions reached stable population** as well as many migrant workers of various employment.

### Lessons Learned Particular to Workplace Peer Education

- **The workplace activities succeed best** when company Boards of Directors, and the Labor and Youth Unions are involved and supportive. State companies may be more active than private ones.
- **Peer education in the workplace** requires quality training for the educators, with sufficient follow-up training, especially when requested by them.



◀ A "Community Corner" and mini-library for HIV/AIDS Peer Education at Hau Giang pharmaceutical factory.

- **The project needed to develop a wider range of BCC materials for the PEs**, because many workers soon became bored with the brief leaflets on HIV/AIDS and condom demonstrations. They wanted more information, pictures and videos on HIV/AIDS and STIs, and more diversified, colorful and entertaining BCC materials.
- **Activities such as contests** are effective for the immediate target group who attend and participate, however, they do not appear to have a broader impact on anyone beyond those attending the activity.
- **Condom distribution/sales by the PEs at the factories** were not initially a standard part of peer educators' activities or responsibilities but could be considered in the future.
- **As with the IDU and FSW interventions** in provinces where the BSS is conducted, the BSS could also be used to assess men's exposure to PE in the workplace interventions, and to track changes in these men's sexual behavior and condom use.

### **Other FHI-Supported Activities supporting the Men's HIV/AIDS Prevention Programs.**

#### **Condom Promotion through Social Marketing**

Condom social marketing was carried out at non-traditional outlets such as bars, karaoke cafes, restaurants, massage parlors, petrol stations/truck stops and hotels and brothels, in Hai Phong, Quang Ninh, Binh Dinh and Can Tho.

#### **BCC Materials Production**

Supporting the other interventions, the project produced billboards, leaflets, posters, flip-charts, mini-pocket calendars, comic

books, logos, magazines, stickers on tissue holders and periodical pictorial stories designed to appeal to men. There were different combinations in each province where the designs were localized. Peer Educators in Binh Dinh report that men were very interested in the materials.

#### **Mass Media Campaigns**

Multi-media campaigns focused on TV and radio spots, television dramas and TV forums targeting men, encouraging them to take responsibility, use condoms and practice safer sex. HIV/AIDS question and answer columns were printed in newspapers.

#### **Mobile Shows**

These shows were performed at schools, offices and "hot spots" of sex work and drug use in Hai Phong.

#### **Mobile Drama Troupe Performances**

Binh Dinh men wrote and performed two dramas, the first presented 15 times, with 40 additional performances. The troupe performed the second drama 15 times, as well.

#### **A "Condom Tunnel"**

Set up along a Can Tho highway "hot spot," the condom tunnel featured attractive billboards with positive behavior change and safe behavior messages. It covered a five-kilometer stretch of road along the Mekong River, known for its high level of commercial sex. Outreach workers and condom outlets in cafes and karaoke bars along the same strip complement the billboards' messages.

#### **"Ideal Man" Contests**

Can Tho and Binh Dinh ran these popular contests for male students, factory workers and rural men in agriculture to create and reinforce images of male responsibility.



INTERVENTION **THREE** Condom promotion

# Condom Social Marketing for HIV/AIDS Prevention Using Non-Traditional Outlets Effectively

Binh Dinh, Hai Phong, Quang Ninh, Can Tho, Tay Ninh  
and Quang Tri Provinces



## The Situation

### AN UNFULFILLED NEED FOR MORE CONDOMS

In October 1999, the lack of availability of, and accessibility to, condoms still posed a great challenge for HIV/STI prevention. The "National Study on Condom Demand and Supply in Viet Nam between 1998-2002" identified a total need for condoms for HIV/STI prevention of 120-150 million pieces per year that could be distributed in Friends Helping Friends groups, STI clinics, HIV testing and counseling centers and pharmacies.

At that time, many condom use messages focused on use for family planning, rather than disease prevention. Distribution was primarily through traditional outlets such as government health centers or pharmacies. There were few non-traditional condom outlets (NTOs) such as bars, karaoke bars, restaurants, hotels, massage parlors and truck stops. DKT International had started some NTOs in Quang Ninh and Can Tho provinces as an experiment in 1998, supported by an FHI grant. Yet these few NTOs could not serve the numerous people most at risk for HIV/STIs who frequent commercial sex work "hotspots" such as: karaoke bars, cafes, hotels, restaurants, tea shops, massage parlors, truck stops, and highway/beach call services.

In addition, any work with NTOs was difficult because of the need for special

**“The cigarette vendor has been selling condoms for three years.** The majority of condoms are sold during the night to sex workers, with a pack of 3 condoms costing 1,000 VND. She estimates that 70% of her clients are street-based sex workers and 30% are service women in karaoke bars, cafes and hotels. She has regular customers that work in the area. She is happy with the program... and has never had any problems with the police.<sup>1</sup>”

NON-TRADITIONAL OUTLET IN "HOT SPOT" IN CAN THO

1 "Mid-term Evaluation for Condom Social Marketing for HIV/AIDS Prevention." Rosanne Rushing, August 2001.

licenses to protect the seller from police harassment since the possession of large numbers of condoms led to suspicions of sex work. This posed a special challenge for DKT in their work.

Awareness of HIV/AIDS is high in Vietnam, but unsafe sexual behaviors continue to be prevalent throughout the country. The majority of the 73,660 people who are HIV positive are young and sexually active men, who do not use condoms regularly. According to the 2000 and 2001 Behavioral Surveillance Surveys, a significant proportion of men in different groups have sex with female sex workers, casual partners and spouses, however, few use condoms with their wives.

### The Project

Since May 1998, with a grant from FHI, DKT International, an international NGO conducting social marketing of condoms and other contraceptives, has implemented a targeted social marketing project in six provinces (Quang Ninh, Hai Phong, Binh Dinh, Can Tho, Tay Ninh and Quang Tri). The FHI support contributes to education and promotion activities for Vietnamese manu-

### PROJECT GOAL

**To reduce the sexual transmission of HIV/AIDS and other STIs through increased practice of safer sex, particularly through condom use.**

factured Trust and OK condom brands. In addition, DKT successfully piloted work with non-traditional outlets in Quang Ninh and Can Tho.

From June 1999, the National AIDS Standing Bureau, DKT and FHI sought more continuity and expansion of the work, in order to increase the availability of

socially marketed condoms. While, the activities and achievements described below related primarily to Phase I and II, most of the activities are ongoing into Phase III. At the provincial level the collaborators still include: the Provincial AIDS Standing Bureaus, Provincial Health Services, Peoples' Committees, peer educators, local unions, non-traditional condom outlet owners and other authorities. All take part in planning and implementing activities. DKT sales representatives and local motivators train to carry out the social marketing of condoms. Non-traditional outlet owners, especially those located in "hotspots" for commercial sex activity, and mass media communications campaigns play special roles in the project.

### storyquote

#### STILL A LONG WAY TO GO

"An interview with an IDU sex worker at the Hai Au drop-in center in Hai Phong revealed that she uses condoms with her clients but not with her boyfriend. She tested positive for HIV infection but does not believe the test and will not get re-tested as she now lacks trust in it.<sup>2</sup>"

### Project Objectives

- **To expand sales and marketing coverage** and increase the accessibility to condoms in the project provinces.
- **To increase sales motivators' ability** to communicate about HIV/STIs and condoms.
- **To support condom sales** by expanding and intensifying the previous communication campaign promoting condom use as a means of protection from HIV/AIDS transmission.

2 Mid-term Evaluation, Hai Au Club, Hai Phong, August 2001, Rosanne Rushing.





- **To improve young people’s awareness** of HIV/AIDS and condom use.
- **To use mass media, promotional and educational materials** to increase the understanding and acceptance of condom use for HIV/STI prevention among the general public.
- **To emphasize reaching people** whose sexual and/or drug injecting behavior puts them at risk of HIV/STIs.

### Activities

DKT continued its collaboration with FHI in Phase II of the project. Activities expanded considerably when a program targeting non-traditional outlets went into full swing in 1999, after implementing a pilot project with NTOs in Quang Ninh and Can Tho in 1998. While regular social marketing and condom promotion activities continued throughout the country, DKT emphasized activities geared toward NTOs operating in the six provinces supported by FHI’s grant. Despite the difficulties posed by harassment from police for carrying and selling condoms, many NTOs remain viable. Others closed down or quieted down by the middle of 2002. Activities contributing to the growth of the condom promotion intervention proved extremely popular with the public and include:

## BUSES LIKE CONDOM PACKAGES

**Each year DKT bought advertising space** on public transport buses in both Ha Noi and HCMC. The messages were literally "on" the buses that were repainted to look like large OK and Trust condom packages. The bus lines chosen run on the most crowded streets for maximum exposure.

- **Employment and Training of Motivators and Sales Force:** The project supported training with an emphasis on selling condoms to NTOs.
- **Expansion and Improved Sales Motivator Force:** The improvements in the sales motivator forces increased DKT’s sales coverage. DKT and the PASBs participated in the recruitment and training of staff and NTO recruitment and meetings.
- **Reduced Geographic Coverage for Sales Staff and New Staff Were Hired:** This change helped increase the sales of condoms.
- **Development of Sales Promotion Materials:** Items such as a desktop clock, calendars and New Year’s greeting cards were produced for distribution to sales staff and motivators.
- **Advocacy Work/ Meetings:** DKT, the PASB and the local security and ‘social evils’ authorities worked together to minimize the harassment of NTO personnel for carrying and selling condoms and conducting HIV/AIDS awareness activities.
- **Models Created in How to Motivate Non-traditional Outlets to Sell Condoms and Raise Clientele Awareness:** This work focused on DKT’s work with sales motivators and local PASBs who developed ways to motivate NTOs to participate in condom marketing and awareness raising among clientele at risk of HIV/AIDS/STIs. They specifically targeted NTOs that were potential places where sexual activity is initiated or takes place.
- **Condom Distribution/Sales in NTOs:** This sales work took place in NTOs such

as karaoke bars, guesthouses, restaurants, massage parlors, barbers, supermarkets, beer cafes, teashops or highway/beach "call" services.

■ **Prevention Education Activities for Non-traditional Outlet Owners' Target Audience:**

There were monthly educational sessions for personnel of NTOs and high-risk venues (as well as high risk groups in Can Tho province). The sessions taught knowledge of HIV/AIDS/STIs and prevention, how to communicate with clients about using condoms and condom promotion. The main target groups were STI clinic clients, male clients at karaoke bars, long distance truck drivers, commercial sex workers and local security personnel.

■ **Promotion Activities for Non-traditional Target Audience:**

These condom promotion activities served to desensitize the condom issue by making it part of public conversation. They targeted and dealt with issues that may concern

different groups of the population. DKT and the PASB collaborated with karaoke and disco owners and other non-traditional condom promotion sites to organize special events that integrated condom and HIV prevention messages into the programs. Examples of the activities include: Script writing contests, dramas, fashion shows, karaoke competitions, folk song lyrics writing contests, martial arts shows, concerts, knowledge contests and a boating competition.

■ **Special Events:** Many cultural performances, concerts and shows at universities, teacher training colleges, vocational schools, youth groups, and community social events reached thousands of people. The project also participated in The Young Pioneer Camp Festival, "The Shield in the World Living With AIDS".

■ **Condom Cafes:** These cafes opened in several provinces, with performance nights.

## DKT Getting it Right in TV Advertising

**Commercials** In Viet Nam, TV commercials are relatively new and the public remains fascinated by them. The DKT funded commercials are direct and unembarrassed. They include several themes:

**1)** "OK-The Champion". This shows a young muscle man praising the quality and benefits of OK condoms. **2)** "TRUST-If you really care". A young couple caught in the rain without an umbrella warns the audience about the necessity of bringing condoms every time. **3)** "OK-Internet Chat" A young couple planning a picnic are warned about the need to bring OK condoms with them.

**Public Services Announcements (PSA)** **For the first time in Viet Nam**, celebrities and others speak out on HIV/AIDS in television PSAs. The purpose of these is to increase people's understanding of HIV/AIDS prevention and the benefits of using condoms. In "Celebrities talk about HIV/AIDS" famous singers, models, comedians and others make pitches for HIV/AIDS prevention and condom use. In another PSA, "A Young Woman Living with HIV/AIDS" features an HIV positive woman who tells her story and warns others to use condoms to protect their family and their lives. In Year 2000 and Year 2001 about 1,000 TV spots were broadcast each year.

- **Televised Forum Discussions:** These were nationally televised discussions/debates about HIV/AIDS and condom issues, condom safety, manufacture and use. They featured guests who are HIV/AIDS experts, psychologists, PLWHAs, entertainers and public health officials. As an advocacy effort, the forums hoped to gain the attention of government leaders, start a national dialogue and establish that condom promotion is not a “social evil”.
- **Communication Campaign:** Mass Media Advertising/Condom Promotion, BCC Materials Development: DKT developed and implemented an integrated, multi-media communication campaign including TV, radio, billboards, print advertisement (newspapers, magazines: national/regional) and interpersonal communication. New, relevant messages increased knowledge and promoted safer sexual behaviors.
- **Mobile Education Team:** In Can Tho, this group worked in the workplaces and hot spots.
- **Training Courses on HIV/AIDS and Condom Use for Border Patrol Forces:** Courses were held in Quang Ninh on the Chinese border and Tay Ninh, which borders Cambodia.
- **Advertising Materials for NTOs and Other Outlets:** Advertising materials were produced and distributed where condoms are sold.
- **The Condom Tunnel:** A Condom tunnel was established in Can Tho along a five-kilometer corridor of highway along the Mekong River in Thot Not District. This area is noted for a high concentration of sex work activity. Along the “Tunnel” a range of HIV/AIDS outreach services

were delivered. These services included: condom promotion in NTOs, teams of motor-bike taxi drivers providing peer education and displays of a series of highway signs and billboards. The signs and billboards presented positive messages on safe behaviors for HIV/AIDS prevention. There were also awareness raising activities in local entertainment establishments.

- **Monitoring and Evaluation:** DKT regularly reports to FHI. A mid-term external evaluation was carried out in 2001 and a final external evaluation is planned.

## Achievements

- **DKT and PASBs** developed condom social marketing communication activities together. They also recruited and managed the motivators collaboratively.
- **The PASB and provincial condom promoters** are committed to the project and work hard.
- **DKT Ha Noi staff** contributed capacity building efforts that succeeded.
- **Successful advocacy meetings** with



“The PASBs’ involvement in the condom social marketing work is a great strength of the project. They are now convinced that they don’t have to hand condoms out for free and that people will purchase them through pharmacies.”

INTERVIEW, LARRY HOLZMAN  
DKT INTERNATIONAL VIETNAM  
DIRECTOR, JULY 23, 2002

local leaders and authorities emphasized the purpose and importance of a condom social marketing campaign. Frequent advocacy meetings continue.

- **Sales force expansion and the reduction** in each person's coverage area improved coverage in both traditional and non-traditional outlets. This dramatically increased the sales of condoms in 6 provinces.
- **Non-traditional outlets were established** in both upscale locales: hotels, night-clubs, restaurants, karaoke and massage parlors, and downscale establishments: restaurants, "bia om" (beer bars), teashops and highway "call" services.
- **NTOs are managed and supplied** by both motivators and DKT sales persons, depending on who has better relations with a specific NTO.
- **The project produced** well-received promotional items and BCC materials.
- **An enormously successful World AIDS Day concert** (Theme: "Live a healthy life. Practice safer sex. Use condoms.") was attended by more than 20,000 people, in the center of Ha Noi. It was covered and, later, aired by national television (an audience of 50 million) and national press.
- **Other intervention and communication activities**, particularly special events, reached tens of thousands of people. Television programs on these events reached millions.
- **National reach television advertisements and public service announcements** were designed, developed and run more than 1,000 times each year. Radio spots also ran up to 1,000 times a year.

- **Product visibility increased** through hundreds of condom advertising and promotional spots aired on national and regional television and radio.

- **The Condom Tunnel** attracted a lot of attention, won over skeptical people, and delivered the safer sex message at the right place to the right people at the right time. Condom sales are reported up along the tunnel route.

### Increasing Distribution

BY SEPTEMBER 30, 2002

**34**

condom sales motivators have been trained, supervised by the DKT provincial sales agent.

**10**

condom salespersons work in each of the six provinces.

**2,250**

condom sales outlets are maintained.

**1,050**

of them are non-traditional outlets.

**31,766,894**

condoms were sold in 6 provinces between January 1998-September 30, 2002.

**21.62%**

In 2001 condom sales were up 21.62% from 2000, in six provinces, for an exceptionally high record year.

## Lessons Learned

### GENERAL

- **Conducting initial provincial situation assessments** was the essential first step in developing appropriate interventions in each province.
- **Community authorities** (Police, Social Affairs, the Peoples' Committee) must be made important players in the activity. Advocacy meetings with local authorities can make all the difference in the acceptance of a condom social marketing program. Involvement of local police in social marketing of condoms remains low. An official license carried by the DKT promoter helps reduce problems with the police.
- **Opening non-traditional non-pharmacy outlets** were more difficult than anticipated. To motivate outlet owners, this process requires a combination of political support, energetic, creative salesperson skills and effective communication and education about the risks of and ways to prevent HIV/AIDS/STIs.
- **"Criminalizing" of condoms is still an obstacle.** NTO owners fear harassment from authorities who interpret condom sales as the promotion of "social evils". Many NTOs become inactive when there are "anti-social evils" campaigns. Continued 'anti-social evils' campaigns made it difficult for motivators and

▼  
World AIDS Day  
celebration in  
Hanoi.



sales people to convince NTO owners to remain in the program. Superstitions and traditional beliefs are also barriers to condom sales and use.

- **NTOs often do not sell many condoms** because of the need to keep a low profile. It will be important to create a better advertising campaign to add legitimacy to the NTO work.
- **Support for opening NTOs** in non-project provinces was not available.
- **In order to increase sales**, there must be a sufficient number of sales representatives hired and they should cover a manageable geographic area.
- **Televising of special events** extends the reach of the messages to many millions of people.
- **Increases in television time rates** result in a decrease in the number of spots affordable. VTV increased their rate per spot during prime time more than three fold.
- **Condom demand increases during the summer holiday season**, especially in tourist areas such as Do Son. Demand also decreases at Tet as people are off work for up to ten days and tend to migrate during this time.
- **Peer educators need information** on the location of NTOs.
- **Messages need to emphasize personal risk behavior** rather than focusing on "high risk" groups, (i.e., individual risk and responsibility and encouraging use of condoms with 'girlfriends', 'boyfriends', and/or lovers as well as for anal and oral sex).

- **Introduction of lubricants in the social marketing program**, in the future, is expected to increase customer satisfaction and improve condom sales.

- **Initial training for female sex workers and other project participants** suggests that the promotion of female condoms and lubricants will interest project beneficiaries. These condoms may also be introduced for men who have sex with men.

#### CAN THO LESSONS LEARNED

- **There are superstitions** which affect non-traditional social marketing: i.e., it is considered unlucky for service women to have sex in a bar or karaoke establishment so they are also hesitant to sell condoms there. However, cigarette sellers in front of the establishment can sell condoms.

- **Department of Health AIDS Division staff** can be more effective condom promoters than DKT contracted staff because the DOH staff have more influence in the community.

- **It is complex to separate out the effects of the DKT communication campaign** since it is incorporated into many other provincial HIV prevention programs and messages.

#### BINH DINH LESSONS LEARNED

- **Condom promotional materials** need to be delivered, together with the condoms, to the DKT condom sales representative, for most efficient distribution.

- **Traditional beliefs and reactions to condom sales** in NTOs (suspicions and fear of authorities) make it difficult to sell condoms and it may be that advocacy needs to be stepped up greatly.

### QUANG NINH LESSONS LEARNED

- **Fear of authorities' response to condom selling** intimidates many NTOs into refusing to advertise that they sell condoms.
- **Advocacy meetings are difficult to organize and hold** at a time when all people involved can attend. This failure to find a convenient joint time makes it difficult to pursue advocacy.
- **PASB management and monitoring skills** must be very strong, timelines clear and commitment to advocacy a priority.

### HAI PHONG LESSONS LEARNED

- **An official license carried by the DKT promoter** helps eliminate problems with the police.
- **Hotels and restaurants may worry about getting a bad reputation** if they sell condoms and many NTOs want to remain confidential.

### Phase III SPECIAL FUTURE CHALLENGES

Many of the Phase II FHI-supported activities will continue or be improved upon. There are also several new activities that pose extra challenges to the partners and other project participants. In addition, some existing conditions will still require patience and persistence from project partners in order to attain successful project results.

#### THE NEED TO DECRIMINALIZE CONDOMS IN THE "ANTI-SOCIAL EVILS CAMPAIGNS"

As shown in the lessons learned description above, the criminalization of condoms poses one of the greatest threats to the development of successful non-traditional

outlet based condom distribution. Too many NTO owners fear the reaction of the authorities to feel safe selling condoms at their establishments.

#### DIFFICULTIES FOR NON-TRADITIONAL OUTLETS

It is an difficult task to open new NTOs, due to police oversight, and it remains a challenge to get the police legitimately involved in the social marketing program. DFID will put 230 million condoms, some of them novelty condoms, on the market for the use of sex workers and IDUs. Still, the challenge remains in determining how to get the greatest number of condoms into the market place where they will most easily reach people at the greatest risk for HIV/STI.



### THE INTRODUCTION OF THE FEMALE CONDOM

Female condom promotion and distribution will occur in FHI-supported interventions for FSWs and for men who have sex with men. This will require adequate training for users and commitment from the target groups. Earlier studies in Viet Nam showed interest from FSWs, in particular, but the high cost of these condoms remains a problem over time.

### THE INTRODUCTION OF LUBRICANTS

Introduction of lubricants in the social marketing program, in the future, is expected to increase customer satisfaction and improve condom sales. It is essential to market lubricants in conjunction with the marketing of the female condoms as their successful use is dependent on an availability of good lubricants. Marketing will have to focus on overcoming the use of poor quality traditional lubricants (such as cooking oil) and lubricants must be cost-friendly.

**Condom Social Marketing Outlets And Condom Sales For HIV/AIDS Prevention Using NTOs**  
From January 1998 through September 30, 2002 in six provinces where DKT International receives FHI support

Province	Hai Phong	Can Tho	Binh Dinh	Quang Ninh	Quang Tri	Tay Ninh	Total
No. of Active traditional DKT Sales Outlets (as of August 31, 2002)	290	209	73	131	59	438	1,200
No. of Active Non-traditional Outlets (as of August 31, 2002)	243	268	155	112	119	153	1,050
<b>TOTAL Outlets</b>	<b>533</b>	<b>477</b>	<b>228</b>	<b>243</b>	<b>178</b>	<b>591</b>	<b>2,250</b>
No. of condoms sold through DKT sales at pharmacies	5,753,672	5,273,424	2,936,880	6,619,824	2,418,568*	4,621,968	27,624,336
No. of condoms sold at NTOs	1,820,444 <sup>+</sup>	608,256 <sup>+</sup>	398,160	763,602 <sup>+</sup>	200,880 <sup>+</sup>	351,216 <sup>++</sup>	4,142,558 <sup>+</sup>
<b>TOTAL Sold</b>	<b>7,580,116</b>	<b>5,881,680</b>	<b>3,335,040</b>	<b>7,383,426</b>	<b>2,619,448</b>	<b>4,973,184</b>	<b>31,766,894</b>
No. of DKT sales reps. trained	2	2	1	2	1	2	10
No. of motivators trained	4	10	3	9	4	4	34

\* June '98-September 30, '02  
+ January '99-September 30, '02  
++ January '00-September 30, '02  
Source: DKT International



INTERVENTION **FOUR**

# Reaching Injecting Drug Users Through Drop-In Centers and the “ECHO” Peer Education Model<sup>1</sup> in Viet Nam

The Hai Au (Seagull) Club, Hai Phong Province

The Huu Nghi (Friendship) Club, Cam Pha, Quang Ninh Province



## The Situation

### THE NEED TO FOCUS ON INJECTING DRUG USERS

Even though the majority of HIV positive people in Viet Nam are injecting drug users, very few programs commit to working with them on a large scale.

As of November 30, 2003, 73,660 people in Viet Nam are known to be HIV positive. 85% are men; 57% of the total are IDUs. HIV Sentinel Surveillance in 30 provinces indicates that 30% of IDUs tested were HIV+ in 2001. In Hai Phong, in 2001, 72% of IDUs tested HIV+ and in Quang Ninh prevalence was 60%. A large proportion of the HIV+ IDU men and women are young and sexually active.

The 2000 Behavioral Surveillance Survey found sexually active IDUs inconsistent in their condom use with commercial, casual and regular partner sexual relationships. In Hai Phong, 15% of IDUs visited SWs in the last 12 months and only 56% of IDUs reported consistent use of condoms.

The BSS data also indicates relatively high percentages of IDUs sharing needles or syringes in the past 6 months in some of

the provinces: HCMC (44%), Ha Noi (32%), Da Nang (31%), Hai Phong (24%) and Can Tho (7.6%).

Quang Ninh province has the highest overall HIV prevalence rate in Viet Nam. About 1,000 IDUs (more than in larger cities) reside in Cam Pha Township alone, where most of the reported cases of HIV infection are in IDUs.

Hai Phong with 6,171 HIV + people, as of October 31, 2003, ranks second, out of 61 provinces, in HIV prevalence per 100,000 population. Approximately 5,200 young IDUs currently live in Hai Phong.

## The Project

Two drop-in centers that target IDUs, their friends and families, opened in October 2000 in Hai Phong and in February 2001 in Cam Pha District of Quang Ninh. The drop-in centers use the peer driven ECHO peer education and outreach model for accessing the target population. The Hai Phong AIDS Standing Bureau and Cam Pha’s

<sup>1</sup> The Eastern Connecticut Health Outreach Model designed by sociologist from the University of Connecticut, USA

Health Center, supported by FHI, apply risk reduction principles despite implementation challenges. In a separate activity, the

Provincial Health Services provide clean needles and syringes out of their government budget. In addition, the Hai Phong PHS and Cam Pha District Health Services also supply condoms.

The drop-in centers provide safe, convenient places for IDUs to gather for entertainment and social and educational activities, to receive counseling and PHS-supplied clean needles and condoms. The clubs' staff members include a club manager, health educators, guards and cleaners.

## PROJECT PURPOSE

**To reduce HIV transmission in IDUs, through a public health and risk reduction approach, which reduces unsafe injecting and sexual behaviors among IDUs, other drug users at risk of injection and their sexual partners.**

## THE ECHO PEER EDUCATION OUTREACH MODEL

Peer education is provided by adapting the ECHO model of peer outreach. The peer-driven intervention (PDI) has been shown to reach a larger, more diverse group of IDUs at lower cost, than traditional outreach does.<sup>2</sup> It does this by offering modest monetary rewards to IDUs for learning about HIV/AIDS and risk reduction. Each IDU then has the opportunity to distribute HIV/AIDS prevention materials and to educate up to two more IDU friends, and to invite them to health education and counseling sessions at the drop-in-center. Those who successfully demonstrate they have 'recruited' and educated peers receive

Club members receive free counseling and risk reduction materials.



an additional incentive. The model is based on a snow-balling approach, with each newly trained recruit recruiting others in turn. This approach has been found to be more cost-effective than the traditional outreach models of trained teams of peer educators; it reaches a broader range of IDUs both geographically and in terms of the background characteristics of IDUs recruited; in addition, the influence of this approach on each individual IDU may be greater as well. The peer-driven ECHO model gets many more IDUs directly involved in risk reduction education activities than the traditional outreach approach of using a small team of trained and salaried outreach workers.

The following discussion relates to Phase II of the drop-in center projects. The work continues in Phase III but new ethnographic research and situational assessments completed recently will be applied to the final plans for the next two years' activities. Some of the activities will likely remain the same. Others will be added to the project as indicated by the research and assessment data.

## Project Objectives

- **To gain policy consensus** among local authorities.
- **To establish clubs** for people thought to be at risk for HIV/STIs, particularly IDUs, their friends and families.
- **To increase availability of information and support** for risk reduction practices and safer sexual behavior.
- **To increase availability and accessibility** of condoms and other risk reduction materials.
- **To create more supportive social and legal environments** for HIV prevention among IDUs.

2 Based on study done in USA, (Broadhead and Heckathorn, 1998)

- **To review and evaluate the model for risk reduction effectiveness.**

### Activities

**Designing a drop-in center in any city in Viet Nam would not be easy.** This proved to be true in Hai Phong and Cam Pha, however, taking all the right steps slowly paid off. The project staff dedicated considerable time and effort in preparation for the interventions. The Cam Pha staff had to work much longer on this preparation stage than the staff in Hai Phong. Community attitudes were more challenging to overcome in Cam Pha. The Cam Pha center benefited greatly from the experience in Hai Phong and implementation reflected the lessons learned there.

#### IN PREPARATION FOR THE PROJECT

- **Situational Analysis:** Carried out by the PASB, supported by FHI, this study identified risk behaviors of IDUs in Hai Phong and Cam Pha.
- **Advocacy Meetings:** The project organized these meetings with leaders of local authorities and associations from many communes, to gain consensus on development of IDU drop-in centers.
- **Administrative Formalities Completed:** The authorities issued project permits.
- **Lease and Renovation of Building.**
- **Recruitment of Club Staff:** Manager, health educators, supporting staff.
- **Study Visit to HCMC:** Hai Phong team members attended field visits to similar projects. Cam Pha groups visited Hai Phong.

“The club is truly my family. When joining the club's activities I am given love and sympathy from club organizers. I meet with people who have a similar fate and we share with each other our sadness as well as happiness.”<sup>3</sup>

An intravenous drug user club member



- **Planning of the Club Activity Format.**
- **Recruitment of Service Specialists:** The center hired fitness trainers, dance and music instructors, STI personnel and others.
- **Promotion of Availability of Drop-In Center:** Discussions in the community and 'word of mouth' communication, created awareness about the centers.
- **Training for Police and Security Officials:** To gain their support for the club activities and premises to avoid heavy oversight of the club and members, the project provided training on HIV/AIDS for police and security officials.

▲ Expressing and enjoying themselves through entertainment and club activities.

#### AT THE IDU DROP-IN CENTERS/CLUBS

The following activities were part of an ongoing process of action and reaction the clubs experienced as they developed:

- **Recruitment and Training of ECHO Members:** These trained ECHO members then continued performing peer outreach activities. During this work time they were given guidance and

3 From a radio interview at the Hai Au Club, Hai Phong, Voice of Viet Nam, July 8, 2001.

monetary rewards for the numbers of people reached and brought into the club for further education and possible membership.

■ **Recruitment and Training of Club Members.**

■ **Provision and Distribution of Needles, Syringes and Condoms:**

These supplies were available at the Centers, provided by the PASB and Hai Phong Health Services, funded by their local government budgets.

■ **Twice-Monthly Health Care Services:**

These services consisted primarily of STI management and advice and treatment on drug injecting infections and abscesses, with referrals made as necessary.

■ **Personal Substance Abuse and/or HIV/AIDS:** Counseling as given for IDUs and their families.

■ **Provision of Education and support activities:**

- **Special events/performances:** The clubs conducted drama and music productions.

- **Contests:** Contests were held in the community and within the club.

- **Open-air sports events:** The club in Cam Pha held sports events.

- **Recreation/Entertainment:** Clubs offered karaoke and ping-pong, Chinese chess and badminton.

- **Topic Talks:** Dialogues were created with specialists in nutrition, employment, detoxification and health.



IDU club member conducting regular sweeps for used needles in the community.

■ **Workshops were presented** on topics of interest.

■ **Production and Distribution of BCC Materials:** BCC materials included personal life stories that are true stories illustrating IDUs' progress toward safer behavior. The stories are based in HIV/AIDS prevention and risk reduction messages.

■ **Periodic community sweeps by club members** for collection and disposal of used syringes and needles.

**ECHO PEER OUTREACH IN THE COMMUNITY**

■ **Visits to Sites Where IDUs Congregate:**

Regular visits were made to areas where IDUs meet. There was an incentive given to provide initial education for new ECHO recruits.

■ **ECHO peer educator recruits:** Peer educators encouraged others to attend the club.

**MONITORING AND EVALUATION**

■ **Monitoring** was carried out on a monthly basis by PASB and FHI staff.

■ **The mid-term review** was completed in September 2001.

■ **An external evaluation** was conducted and a review and evaluation meeting was held in Can Tho.

■ **The final report** was disseminated following the close of Phase II.

**TRAINING**

■ **For Peer Educators:** Health education classes were held

“**One of the Hai Au** ECHO members suddenly disappeared for six months. After that time he reappeared with his ECHO voucher in hand, even though he had been in prison for the previous months.”<sup>4</sup>

4 From interview with Vu Cong Nguyen, M.D., FHI staff member, June 2002.

once a week for new ECHO members on: HIV/AIDS prevention including risk reduction practices, STIs including HIV/AIDS, overdose treatment, condom use and other safer sex practices.

Activities from other FHI support project interventions, which fed into the drop-in center risk reduction work, included:

- **Media Campaigns:** Multi-media campaigns focused on TV and radio spots, television dramas and TV forums urging condoms use and safer sex. HIV/AIDS question and answer columns ran in newspapers.
- **Condom Promotion:** Through social marketing condoms were promoted at non-traditional outlets such as bars, karaoke cafes, restaurants, massage parlors, petrol stations/truck stops, hotels and brothels.
- **BCC Campaign, BCC Materials Production:** Supporting all program interventions, the BCC campaign produced billboards, leaflets, posters, flip-charts, mini-pocket calendars, comic books, logos, magazines, stickers on tissue holders and periodical pictorial stories.

## Achievements

- **Strong support** from local authorities and community members, especially the police, was gained and built upon. These authorities now use the term "risk reduction", accept the clubs and recommend that other provinces come to visit.
- **The Hai Phong People's Committee**, the Quang Ninh PASB and Cam Pha DHS provided sterile needles and syringes, gaining recognition for their pioneering work. Hai Phong PHS and Cam Pha DHS supply condoms, increasing accessibility. Appropriate, well-

trained staff were committed to the implementation of program activities.

- **The projects provided a safe environment** for IDUs, contributed significantly to risk reduction behavior in this group and helped destigmatize IDUs and people living with HIV/AIDS. A successful community-based public health approach replaced the "social evils" approach.
- **IDUs grew in self-esteem**, trusted the centers and the staff, were motivated to learn, mobilize peers and change their own behaviors, to protect themselves and the community from the spread of HIV infection and to support each other in times of need. They felt at home at the clubs, safe and free from stigmatization.

### The Drop-in Centers and "Echo" Succeeded

BY MARCH 30, 2003

The two clubs have had **44,512** visits.

The **488** core members have reached **3,348** IDUs by PDI (the ECHO model). There were an estimated **5,200** IDUs in Hai Phong.

The club and peer education work has distributed **65,608** needles and syringes, **41,308** condoms, and **38,102** BCC materials, appropriate to the recipients. Needles, syringes and condoms were paid for and provided to the club by the local health authorities (not FHI).

Population-based BSS data on IDUs in Hai Phong in 2001 show that **77%** of IDUs interviewed had heard of the Hai Au (Seagull) club, **49%** of those interviewed had visited the club at least one time, with the vast majority of those visiting the club reporting that they had received condoms and other risk reduction BCC materials at least once.

- **The club in Hai Phong** has reached more than half of the registered IDUs in the city and increasingly reaches IDUs from across socio-economic groups.

- **Other sites in the cities** request replication of the drop-in centers, as do other provinces.

- **The project is now working with the Hai Phong Provincial Health Service** to develop mechanisms for establishing and maintaining a comprehensive needle disposal system for Hai Phong.

- **During the project period**, FHI supported the development, pre-testing and printing of several new BCC print materials for IDUs, their families and communities, for use in the two project sites and elsewhere.

### Lessons Learned

- **This ECHO model** has proved to be an effective public health approach for working with IDUs.
- **Support from the government is essential** for advocacy among decision-makers, law enforcement authorities and the community, legal validation of the centers, and HIV/AIDS prevention materials targeting local authorities.
- **Opposition to such clubs** can be overcome through outreach and advocacy meetings, which continue to be held with local authorities throughout the project lifetime.
- **The anti-Social Evils campaign** can interfere with activities the PASB manage.
- **It can be difficult to find financing for**

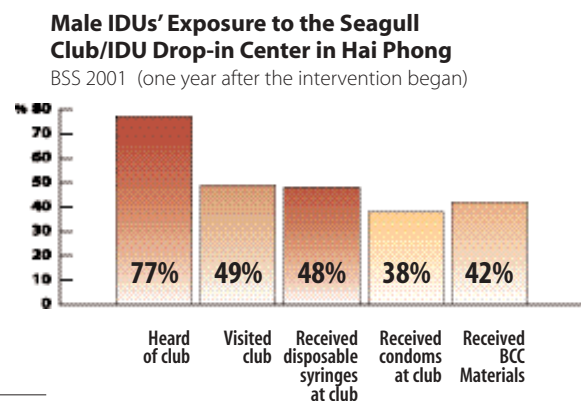
**condoms** and other risk reduction materials when the project attempts to expand to scale-up for wider impact. The project's Vietnamese government partners used their existing budgets to fund these components.

- **Club location needs to be central and discreet** enough to encourage a good attendance rate. Cam Pha's club suffered from the township's very long shape and from being in a highly visible location.

- **Women IDUs and teenagers** do not often attend the clubs. In this way, the clubs need to find ways in which to attract them more often or have a special venue for female IDUs. FHI needs to also explore additional "non-club" based risk reduction activities.

- **ECHO model record keeping can be difficult**, hopefully improving with the future introduction of a computerized data collection and tracking system called IRIS\*. This system is being introduced by FHI at both of the existing drop-in centers.

- **The IDU club members now conduct periodic sweeps** for used needles in the community until a more comprehensive needle disposal system is developed and implemented. This is a highly important component for the future.



5 From interview with Vu Cong Nguyen, M.D., FHI staff member, June 2002.

\* IRIS – Identification and Rewards Information System

Note: Percentages based on responses of IDUs in a representative community-based BSS sample.

- **Health educators should receive refresher training** at regular intervals, especially related to communication skills and counseling about STIs. They also need an adequate salary and bonuses, as an incentive to remain in their jobs.
- **On their own**, the clubs are not able to fully meet the comprehensive needs for: private/confidential counseling, treatment of diarrhea, TB check-ups, HIV counseling and testing, communication-based detoxification and rehabilitation, employment opportunities, home care, support and treatment for PLWHAs. In Hai Phong, there can be better linkage with other available interventions such as CDC’s\* voluntary counseling sites and other community services.
- **Subsequent rounds of the BSS data for IDU groups** will allow us to continue to assess exposure to the interventions, and examine changes over time in IDUs’ sexual practices, condom use behavior, drug use and needle sharing behavior in Hai Phong.

### MUCH MORE TO DO

“A club member interviewed had very little knowledge of HIV before coming to the club. He comes daily and enjoys joining in the activities although he does not want to bring his family to the club. He feels welcome at the club because there is no stigma. Before attending the club he shared needles with his friends. He tested positive for HIV a year ago and aside from the club has not received any support from the community or family members. He brings the BCC materials home for his family to read but has very little knowledge on HIV care and support.”<sup>6</sup>

6 “Mid-term Evaluation of the Drop-in-Center for Harm Reduction in Hai Phong”, Rosanne Rushing, August 2001.

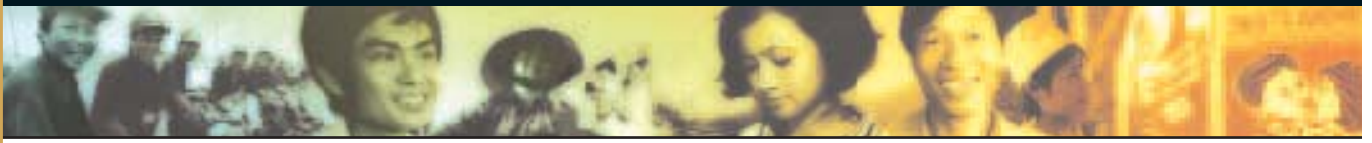
\* CDC – Center for Disease Control

### storyquote

“This is a story about a female IDU Hai Au club member. She might be the first female ECHO member. Years ago she was a sex worker and often had sex with an IDU. Then the two of them became infected with HIV. They also began to steal many things from the open-air markets in Hai Phong. For the woman, time passed meaninglessly, with nights spent in the streets looking for money to use for drugs. One day she dropped into the Hai Au club at the suggestion of one of her friends. There she was educated with knowledge of HIV prevention and information on AIDS, safe injection practices and condom use.

One of the important things is that she lived surrounded by the love of the people there. And it seemed to her that the people's love added to her power to overcome the effects of her disease. She became an active member of the club. Soon she was a well-known singer among the IDUs, in the performances not only in the club but also in the community whenever the club did outreach activities. And she also went back to her real life by doing her job as a flower woman at a roundabout of the city not far from the club. The above example shows that love can do something, especially when you are working with special target groups like IDUs and sex workers.”<sup>7</sup>

7 From Luu Thanh Tue, M.D., FHI staff member, June 2002



▲  
Mr. Hung, Center resident and peer educator, communicating the message to the public on World AIDS Day.

“ A sparkly eyed former sex worker/resident now sells noodle soup in the day and does manicures at night. We went to visit her. Near her house was a funeral for her next-door neighbor who died of AIDS. When he had come home from the doctor and told his family he was dying, they were afraid, wouldn't touch him, wash his clothes, anything. Song knew from her peer educator training at the center that they were not at risk doing normal care. She went to them, showed them it was okay to touch him and talked to them. She met his sisters first, then the parents and helped comfort the man in his last days. The neighbors, too, were afraid and didn't want to come to his funeral. Song talked with them and many attended the funeral and accompanied the coffin to the cemetery. She was very proud of herself. The benefits of helping others help her equally. She returned to the center to encourage the other residents and expressed her joy in being able to have made such a difference. The center director told me that Song didn't always have such a light spirit, that when she came to the center she was sad and introverted.<sup>1</sup>”

## INTERVENTION FIVE

# Peer Education for Risk Reduction and Support for People Living With AIDS

**A PUBLIC HEALTH APPROACH**  
In Rehabilitation (05/06) Centers for Drug Users and Sex Workers

Binh Dinh and Dong Nai Provinces

### The Situation

#### THE NEED TO FOCUS ON RISK REDUCTION IN REHABILITATION CENTERS

In Viet Nam, AIDS prevention programs, including those supported by international NGOs, have paid little attention to the people living in the 05/06 drug and sex work rehabilitation centers that are located in most of Viet Nam's 61 provinces. Even though many intravenous drug users and female sex workers are HIV positive and others are at high risk for HIV infection, this segment of the population is often 'invisible'. Recently, there has been more interest in the HIV/AIDS prevention and care work that needs to be done in the 05/06 centers but FHI is one of the few NGOs that have completed projects in any center.

Of the more than 73,660 people in Viet Nam known to be HIV positive, 85% are men and 57% of the total are IDUs. HIV sentinel surveillance seroprevalence data for 2001, in 30 provinces indicate that 30% of all IDUs tested and more than 5% of all FSWs tested are HIV positive.<sup>2</sup> The majority of these HIV positive people are young and sexually active and often do not follow safer sexual or injecting practices. Many



FSWs and drug users spend between one to two years in rehabilitation (05/06) centers, some sent there by their families as they look for ways to help their children cope with drug addiction. Some of the IDUs and FSWs who are HIV positive remain in the centers for a number of years because they do not have families who will provide care for them as they progress to AIDS. In addition, a number of the HIV positive residents choose to stay in the centers rather than face the high level of discrimination and stigmatization they experience in the community.

### The Project AT BINH DINH 05/06 REHABILITATION CENTER

The community climate in Binh Dinh enabled experimentation and innovation in project interventions. The Provincial AIDS Standing Bureau, the Peoples' Committee and Health Department, in collaboration with FHI staff and consultants, put together an exciting peer education project that began at the rehabilitation center in August 2000. An active and progressive center director and very stable, committed staff continuously looked for new ways to support the peer educators and other residents. The first stage of the project developed a peer education program for IDU and female sex worker center residents. The 05/06 center staff, as well as the resident IDUs and FSWs were trained in HIV/AIDS prevention, risk reduction and peer education skills and worked together as a team in all the activities. In the second stage, the PE group also conducted outreach in the community, which was a major breakthrough for residents of any rehabilitation center in Viet Nam. At the heart of

“ I didn't know that people with HIV could do those things! ”

Comment from a taxi driver after watching an evening performance of the drama group.

this peer education work were educational performances based in drama, music and art activities carried out both inside and outside the center. The requests by the community, for peer education activities outside the center, continued to grow in the last nine months of the project. Universities and vocational schools, in particular, expressed continued interest in educational performances. The Department of Labor, Invalids and Social Affairs (DOLISA) social workers in 21 communes were

trained to support the center PEs upon or after their release.

The Binh Dinh project ended September 30, 2002, although the same training and educational performance activities continue within the center. Without the

Participation of community authorities.



Education through drama.

additional funding provided by the FHI/USAID support, however, the community-based activities cannot be carried out.

This successful peer education project was replicated in Dong Nai 05/06 Center, beginning March 2002. The Dong Nai project continues in Phase III and is described in Chapter 4.

### Project Objectives

- **To gain policy consensus** among local authorities.
- **To understand staff perceptions about residents** and understand residents' perceptions and beliefs about safer behavior.
- **To develop and implement** training and support strategy to improve staff and commune social workers' knowledge, attitudes and skills to counsel and motivate for safer lifestyles.
- **Center residents learn peer education skills** and form support groups in which to discuss lifestyles and safer behavior.
- **To enlist the knowledge and creativity** of residents to develop BCC materials, including role model real stories.

Nuoi and Nga, both HIV+, residents of 05/06 Center.



**“ Ai Nu wanted to die at the center.**

So did the young woman who had the child. Their families wanted them to come home. They wanted to die at the camp because of how they felt about Chi Cuc, the center director.”

From FHI staff in Binh Dinh

### PROJECT GOAL

**To improve HIV/AIDS awareness and knowledge and to promote safe behaviors concerning HIV/AIDS prevention, among residents of rehabilitation centers, through public health approaches (risk reduction).**

- **To support** sharing, monitoring and evaluation activities.

- **To improve** self-esteem and reduce stigmatization of IDUs, FSWs and PLWHAs at the center and in the community.

### Activities

**As the project evolved,**

activities proved exciting to all people taking part in the work. Center staff and residents participated together in various activities.

The activities are as follows:

- **Situational Analysis:** The project team carried out initial focus group activities in order to understand staff perceptions of residents and understand the residents' perceptions and understanding of safer behavior.
- **Advocacy Meetings:** These meetings were held with local authorities to gain consensus for the project.
- **Study Visits:** The visits were made by Provincial and Center authorities to rehabilitations centers in HCMC to study other models.
- **Design of training/counseling curricula and materials:** The PHS IEC Center developed materials for use by center staff, commune leaders and social workers and for camp residents.
- **Health education for residents:** Topic talks and forums with local doctors about healthy living and safer behaviors were conducted throughout the project. Topics included love, marriage, nutrition and health, among others.



- **Training of residents as peer educators and in educational entertainment techniques:** This training focused on a core group of HIV positive people who became leaders in peer education and will remain in the camp for a longer time. In addition, a performance group of 10-20 center staff and residents were trained in educational entertainment and creative communication skills. All center residents were trained in 8-day courses in HIV/AIDS knowledge and peer education. This facilitated them continuing peer education activities in their home communities after release from the Center.

“I would like to be  
wind and travel  
everywhere.”  
From a poem by a  
peer educator

- **Specialized training in role model real story development:** Camp staff and residents learned how to use real stories in education. The stories were written by staff and residents and disseminated both in and outside the center.
- **Drama and Music:** Residents performed drama and music inside the center and in the community.
- **Performances:** A variety of performances featured plays written by performers, music and poetry, question and answer sessions, with accompanying art, posters and comic book displays and a wall newspaper display.

- **Monthly "wall-newspaper":** Center residents created and displayed the informative newspaper at the center.
- **"Friends Helping Friends" Group:** The Core Group of 6 HIV positive people worked with a Friends Helping Friends Group to care for people who had AIDS, including those dying.

- **Mini-library:** This library was established to support communication activities.

- **Continued Peer Education:** Some peer educators continued to carry out PE work in the community upon release from the centers as a way to share their skills with the community.

- **Social workers and commune leaders trained:** The authorities and social workers were trained to work with released residents of the center.

## TRAINING

**Center Residents as Peer Educators:** Center staff and consultants ran eight-day HIV/AIDS peer education training workshops for center residents trained as peer educators. Most residents received this training. The participants learned about HIV/AIDS transmission routes and prevention and care, drug use, risk reduction, safer sexual behaviors and condom promotion.

Nursing students hearing the message from the 05/06 center residents.



An FHI consultant also ran educational entertainment training in games, drama techniques, script writing and story writing for staff and residents active in the performance group.

**Center Staff and Commune Social Workers:** PASB and FHI staff ran five-day courses on HIV/AIDS knowledge, prevention and peer education activities and how to work with IDUs and FSWs, a one-day refresher training occurred after two months for staff and every six months for social workers.

**Center Staff:** A one-day TB and HIV/AIDS training course was presented to center staff.

**Commune Social Workers:** Binh Dinh social workers received training in a one-day course on drug codes and regulations.

### ADDITIONAL ACTIVITIES RELATED TO THE 05/06 REHABILITATION CENTER PREVENTION PROGRAM

As in other projects, the 05/06 Center peer education prevention and care project interlinked with other work supported by FHI in Binh Dinh. Each component added to the value of each of the other interventions.

- **Condom Promotion through Social Marketing:** This occurred at non-traditional outlets such as bars, karaoke cafes, restaurants, massage parlors, petrol stations/truck stops, hotels and brothels.
- **BCC Materials Production:** Supporting the other interventions, the project produced billboards, leaflets, posters, flip-charts, mini-pocket calendars, comic books, logos and magazines, stickers on tissue holders and periodical pictorial stories designed to appeal to men.

- **Media Campaigns:** Multi-media campaigns focused on TV and radio spots, television dramas and forums especially targeting men, encouraging them to take responsibility, use condoms and practice safer sex. HIV/AIDS Question and Answer columns ran in newspapers as part of the mass media campaign.

- **Men's Interventions:** Binh Dinh was also included in the provinces with active motorcycle taxi driver and workplace peer education projects. (See Men's Intervention section for details.)

### Achievements

The positive results of the peer education work exceeded expectations, with real evidence of change in community, Center staff and residents' attitudes toward HIV positive people, especially those living in the center. Center residents who are living with HIV/AIDS, in particular, found hope and a future in helping others in the center and in the community learn about HIV/AIDS prevention and care. Also, the activities in Binh Dinh provided a jump start for the 05/06 center project intervention that later began in Dong Nai and three

Duc



“ For 30 minutes, Duc and Hung were buried in a sea of students.

Duc laughed, autographed some of his artwork and gave it to students. Hung talked about his stories and answered the students' questions. Both Duc and Hung are HIV positive. Neither had been outside the center for four years.<sup>3</sup> ”

Following the World AIDS Day performance in Quy Nhon City, 2001



Hung

3 Binh Dinh Trip report, Peter Kaufmann, December 2001.



others supported by the Ford Foundation and carried out by COHED, a Vietnamese NGO. The Binh Dinh intervention has also influenced MOLISA planning for national 05/06 implementation activities.

- **Center and project staff advocated successfully** with local authorities, including police, to gain and maintain support for the activities.
- **The provincial advocacy approach** taken during the project continues to be used by the center staff and project partners to maintain support for post-project HIV/AIDS prevention activities.
- **Genuine humanitarian concern and principles**, already in place in the center, strengthened as the project helped staff, residents and the community understand HIV/AIDS better. These groups learned how to share their knowledge with others and how to care for and support people living with HIV/AIDS.
- **Active communication training**, together with HIV/AIDS content training, changed the lives of the center staff and residents. They became more open and expressive, discovered creative skills in drawing, painting, writing and drama that they had never known existed. They learned to talk about their lives, about feelings and how to share them with others to bring about behavior change in the listeners. Peer educators' "real stories" touched all who heard or read them.
- **PLWHAs in these rehabilitation centers** became effective, confident peer educators, motivated to work tirelessly with, and for, others, especially young people at risk. Their self-esteem increased because their jobs made a difference to others. Positive images of personal responsibility were created and reinforced.
- **For the first time in Viet Nam**, 05/06 residents were allowed to do educational entertainment in the community: World AIDS Day, in tertiary schools and villages.
- **Interviews** with local authorities, project partners, community members, center staff and residents show attitudinal changes that support destigmatization of people living with HIV/AIDS.
- **Increased destigmatization** came about as staff and residents learned to work closely together, without fearing those among them who were PLWHA.
- **Tremendous community support was achieved**, both for the work of the project and that of the center. Many people expressed surprise, pride and excitement over the work of the project.
- **Some PEs continued to work with the drama performances** and carry out other peer education after leaving the center.
- **Some Peer Educators** did not return to sex work or drug use.
- **Technical assistance from international and local consultants** proved a sound investment.
- **BCC materials appropriate to the center residents** were designed and disseminated.
- **A DVD and TV film** of the early performances were produced.



- **Planning for a 30-minute documentary TV film** by Binh Dinh Television was begun in May 2002. This film, finished in early 2003, after the end of the project, was picked up by VTV1 and broadcast throughout Viet Nam, reaching millions. FHI has duplicated it for use as training and informational material by MOLISA and other national and international groups (see facing page).
- **Training given to staff and residents** during the project continues to guide the HIV/AIDS education and destigmatization work carried out post-project. Project replication was implemented in 2002 in the Dong Nai 05/06 Center (see Chapter 4).

### Courses and Performances Held

BY SEPTEMBER 30, 2002

**9** courses for **18** center staff, and **16** courses for **180** residents; on HIV/AIDS prevention and training of trainers' skills were held.

**4** courses for **34** community social workers and commune leaders were held on how to support center peer educators returning to the community.

Active communication training, including **20** performances of **5** dramas, was successfully used.

Activities reach **5,500** people in total. This included center residents and members of the general public. Peer educators conducted 6 community performances, especially in tertiary schools. Real stories of PLWHAs touched these audiences.

**7** real model stories (400 copies each) were developed, published and sent to the Binh Dinh center.

**15** Topic talks given to center residents.

### Lessons Learned

- **Community authorities** (Police, Social Affairs, the Peoples' Committee) must be important players in the activity. This was especially true for the 05/06 project that eventually took center residents out into the community to provide education.
- **Rehabilitation center leaders were willing to commit to HIV program activities** and often contributed from their own salaries to help the residents with their HIV/AIDS prevention activities. This strong commitment and a compassionate approach on the part of the Binh Dinh 05/06 center management staff was a key factor in creating an environment for the success of the intervention.
- **People living with HIV/AIDS, who are FSWs or IDUs, make credible theater performer peer educators** and succeed in providing real and powerful messages to community members.
- **Theater work can change the lives of HIV positive people** by bringing out creativity and a sense of purpose and usefulness in service to help others.
- **Residents of the centers participated enthusiastically** because they felt useful, gained self-esteem and had the opportunity to tell their stories. Many felt gratitude for another chance to show their best selves.
- **Shared learning occurred often**, with FHI staff and consultants learning from the partners and center residents and vice versa.
- **Center staff understands** there is a great need to connect HIV/AIDS prevention activities and training in the center, to the lives of Peer Educators



# “Thirst for Life”

Binh Dinh Television, supported by Family Health International (FHI) and with funding from USAID.

## ABOUT THIS DOCUMENTARY FILM

A story of both institutional and individual change, growth and innovation, the film features people who are living with HIV/AIDS, who now reside in an 05/06 rehabilitation center for drug users and female sex workers. The main character, Truong Quoc Hung, tells his story. The story of the distance Hung's life has traveled since he found out he is HIV positive, and since he became a leader in an HIV/AIDS prevention and care peer education program, inside the center. The changes in his life are nothing short of remarkable. The other players in the film are equally touched by the work of the program, either as instigators, implementers or the target audiences. Filled with courage and compassion, the characters tell the story simply, directly and truthfully.

The film was made in Binh Dinh province in 2001 and 2002, by a young woman, Nguyen Thi Phuong Lan of Binh Dinh Television. It was the natural outgrowth of a peer education project using educational entertainment in the Binh Dinh 05/06 Center. Initial project success resulted in the peer educators and the management board of the center deciding to find ways to reach beyond the walls of the center into the community. They wanted to let the voices of those who know first hand tell what it is like to live with HIV and how to prevent infection.

Binh Dinh television had already covered stories in the 05/06 Center and had close relationships with some of the residents and staff. Their coverage of World Aids Day events carried out by the center team in 2001 was shown nationwide. This led to the idea of a documentary film. "Thirst for Life", was the collaborative effort of many, notably Family Health International, the Binh Dinh 05/06 Center staff and



project management board (particularly the Provincial Health Service, DOLISA, the Provincial AIDS Standing Bureau, Binh Dinh Television and Radio and the core group of peer educators at the center).

After a successful showing in Binh Dinh, the film traveled to the HCMC film festival where it won third prize. It was then selected by VTV, after approval by MOLISA, and has been aired at least four times on VTV1. FHI has made it available for educational use in Viet Nam. The film has been screened, in focus groups, by many representatives of several segments of the public, including PLWHA (during the editing process). In addition more than twenty international and local NGOs, UN agencies, bilateral and other donors have viewed the film and given comments in a systematic survey of response to the film. A user's guide was developed, based on the suggestions of the groups included in the screenings.

The educational entertainment model has expanded into other centers in Viet Nam. The center continues to use educational entertainment to bring people living with HIV/AIDS face to face with people who are not HIV positive. Binh Dinh TV film maker, Phuong Lan has produced a live call-in TV shows featuring the Center staff and residents. The film continues to inspire new activities and touch many lives. Anh Hung, the central character in the story, became ill and died of AIDS on October 6, 2003.

Distribution team, FHI-Viet Nam

▲  
05/06 Center residents  
and staff with the film  
producers.

once they leave the centers. They recommend that the project consider ways to provide training and support for peer educators after they return home.

- **Social workers trained by the project**, to support released center residents need good logistical arrangements for this work. In addition, center residents need to know how to contact the social workers. Some released residents do not have much time for peer education as they are earning a living. This component needs to be well designed, with supervision and monitoring more thoroughly built into the work than it was in this project.

- **There are still many Center staff members** who need training for involvement in HIV/AIDS prevention and care work.

- **Training in care** for people ill with AIDS needs to be added.

- **Some of the core group of HIV positive peer educators** have died or are dying, so new people need to be continuously trained and the center is finding the right people.

- **The implementation time** for these activities must be longer than in the past.

- **The data collection system** for these interventions must be systematic and centralized so that data is consistent, data collection continuous and regular, and the data easy to find, in the Center, at the FHI provincial office and FHI Viet Nam office.

- **Vietnamese media** are willing to feature and focus on this kind of innovation and coverage of such positive

stories, which helps reduce stigma. Binh Dinh TV made a documentary "Thirst for Life" about the work in the center. This film proved that such films could reach millions of viewers if carried by national TV channels, with significant viewer response.

- **After the project**, the Center was able to continue its HIV/AIDS prevention work within the Center. Without an external source of funding, however, work could not continue in the community. As a result, some of the skills and talents of the project-trained HIV positive residents were not fully used. This resulted in frustration and sadness in the Core Group peer educators because they know their healthy time of life is limited by HIV/AIDS.

“As you can see, with AIDS it is easy to get sick and die. If I die, who will take my place as a peer educator? Please have a schedule of work for us.”<sup>4</sup>

Duc, artist, actor, advocate, core group of peer educators. He died in May 2002

## The Future

**The 05/06 Center continues to carry out HIV/AIDS prevention, care and support work** inside the center after project completion. At the same time, there has been no funding to work in the community. An evaluation of the completed project and situation analysis of the current work at the Center have recently been

done. The results show that there remains a strong foundation for continuation and expansion of the project intervention. In addition, the PASB, PHS, DOLISA, Center management and staff, Center residents and former residents and community leaders all have requested a new project. They hope for a more comprehensive project with greater support for health care and support for HIV positive residents and an enlarged component of community-based activities. They have requested a vocational training component, using the industrial zone next door. They would like to develop

4 Binh Dinh Trip Report, Peter Kaufmann, 2001

even closer links to all levels of community authorities and the public. Binh Dinh Television seeks new funding for more activities, such as a live forum for residents and development of TV clips from "Thirst for Life".

### storyquote

#### MANY DREAMS ARE ORDINARY, BUT BEYOND REACH

“Tram became a sex worker at 16. Her family is poor. Both her parents were sick. She earned a lot of money but not enough to pay for needed medicine and her father died several years ago. Her eyes welled as she told me that her mom died ten months ago. She couldn't make enough for medicine for her mother. When she leaves the center she will try to save enough money so that in a few years she can have a small shop. In the future, she wants a husband and a baby. She is 20 now, youthful and exuberant.<sup>5</sup>”

Story from female sex worker in the center.

#### PERFORMING IN THE COMMUNITY FOR THE FIRST TIME

“The whole troupe stood on the steps of the Quy Nhon Theatre. They wore their uniforms. In front of them, across the courtyard, several thousand people gathered, some behind signs that identified their groups: farmers, soldiers, students, police and the border patrol. In addition, the police had cordoned off the street and it was full of curious passersby. The troupe began their opening song. I could see, standing alone behind the backdrop curtain, the representative from the Ministry of Culture and Information. As the troupe began, he passionately waved his arms and directed their singing though no one but me could see him.<sup>6</sup>”

World AIDS Day performance, December 2001



<sup>5</sup> Binh Dinh Trip Report, Peter Kaufmann, 2002

<sup>6</sup> Report on World AIDS Day performance, Peter Kaufmann, December 2001



## INTERVENTION SIX

Breaking Down the Barriers to Quality STI Treatment: Engaging the Private Sector

# STI Management Training for Pharmacists and Private Physicians

Hai Phong, Can Tho, Binh Dinh and Quang Ninh Provinces



of treatment for STIs, particularly for men, who seek privacy and who often self-treat.

At the same time, little is known about the quality and effectiveness of private sector STI diagnostics and treatment, highlighting a critical need for systematic STI training. The Provincial Health Services are the official governmental bodies in charge of providing comprehensive health care services for each province. These health services oversee all STI/HIV/AIDS prevention work and need to collaborate closely with private providers.

Out of 61 provinces, Quang Ninh ranks first in prevalence of HIV infections; Hai Phong ranks second. Can Tho is ninth by numbers.

### The Situation

Although the prevalence of STIs, in Viet Nam, is not known, and not believed to be very high, certain STIs such as gonorrhea, syphilis, and chancroids are important co-factors for HIV transmission.

The transition to a market economy in Viet Nam brings a significant expansion of the private health care sector. Initial information gathering shows a distinct need for the participation of the private sector in the field of STI prevention and control due to the public's use of private sources of treatment. Private pharmacists and medical practitioners are the preferred sources

### The Project

Beginning May 2000, with support from FHI, provincial health authorities in Can Tho, Hai Phong, Binh Dinh and Quang Ninh implemented STI training for private physicians, pharmacists, physicians' assistants and drug vendors. The training included syndromic diagnosis, appropriate treatment regimes, prescription skills, STI prevention counseling, including promotion of condoms for STI/HIV/AIDS prevention, partner notification issues and providing referrals for more complex clinical diagnostics and care. The training covered the link between HIV transmission and other STIs. The project also set up, strengthened and

consolidated the information channels between private STI service providers and the PHS (e.g., regular communications, reporting of statistics/STI cases and periodic joint meetings on HIV/STIs). The Medical and Pharmaceutical Unit of the PHS managed this project in each province, where it ran for ten months. The work was piloted in Hai Phong and Can Tho and was evaluated in October 2001. Work in Binh Dinh and Quang Ninh began in 2002 and ended December 30 the same year.

The STI management training was part of linked interventions that included: behavior change communication interventions with the mass media; men's interventions through peer education in the workplace, through barbers, shoeshine boys and motorbike drivers; social marketing of condoms in non-traditional outlets such as bars, karaoke bars, massage parlors, general shops and hotels; and risk reduction interventions targeting female sex workers and IDUs, including Drop-In Centers and the Women's Health Club.

### Project Objectives

- **To increase the ability of private practitioners**, including physicians and pharmacists, to provide better STI services by increasing their HIV/STI related knowledge, positive attitudes, counseling skills and clinical management practices.
- **To contribute** to the possibility of a decrease in the rate of STI re-infection and complications.
- **To increase condom sales.**

### PROJECT GOAL

**Reduction of HIV/STI transmission through increased practice of safer sex.**

### Activities

- **Mystery Client Surveys:** Mystery clients at pharmacies and private physicians' offices tested the knowledge and training of the practitioners, pre and post STI training.
- **Training Needs Assessment:** Interviews were carried out with all levels of possible participants and partners. The assessment focused on an overview of the situation in these two provinces, related to the provision and quality of STI services. It also reviewed all current data related to STI prevalence.
- **Provincial Training Plan/Curriculum Development:** Each province wrote a training plan and curriculum based on an analysis of training needs assessment results.
- **Supporting Training Materials Production:** In Can Tho and Hai Phong, Provincial Health Services worked on these materials, in cooperation with FHI.
- **Adaptation of STI Training and Reference Manuals from WHO resources:** Based on experience during the first pilot testing in Hai Phong and Can Tho, manuals were published for the work in Binh Dinh and Quang Ninh. These manuals were adapted from WHO manuals, by FHI and the National Institute for Dermatology and Venereology. Standardized training manuals focused on four syndromes were given to all STI training workshop participants. This manual was used in all follow-up refresher courses in all four provinces. The Reference Manual was given only to physicians.

- **Selection of Training Team and Trainees:** The Provincial Health Services selected the training team (experienced trainers with STI training experience) and the trainees for the STI training courses.
- **TOT Courses:** In Can Tho and Hai Phong, basic TOTs were run for trainers from the Provincial Health Services, who then ran the STI Training Courses for the community practitioners. An improvement in Binh Dinh and Quang Ninh: TOT #1, on “syndromic STI management” conducted by an FHI STI expert trainer and TOT #2, on training methodology, presented by an FHI staff person.
- **STI Training Courses:** 88, 2-day workshops for practitioners were completed by September 30, 2002.
- **Medical Detailing and Follow-Up Refresher Training Update:** These activities were newly implemented in Quang Ninh and Binh Dinh. All trainees participated three months after the initial training.
- **Procurement of IT Equipment.**
- **Supervision and STI Reporting Forms Developed:** These forms were developed for Binh Dinh and Quang Ninh, after experience in Hai Phong and Can Tho showed they were needed.
- **Information System Development.**
- **Monitoring and Supervision:** PHS, PASB and FHI carried out these activities.
- **External Evaluation:** This evaluation was not completed. Instead, the ARO STI Technical Officer carried out a review of the project in March 2003.
- **Dissemination Seminar:** This seminar is held at the end of the project in each province to share relevant information.

### Workshops, Mystery Client Visits and Materials Completed

UP TO SEPTEMBER 30, 2002  
(Hai Phong and Can Tho) and  
UP TO DECEMBER 31, 2002  
(Binh Dinh and Quang Ninh)

Through **88 two-day** workshops, the STI training has reached **2,118** private practitioners: physicians and assistants (1,370), pharmacists and drug vendors (748) in Can Tho, Hai Phong, Binh Dinh and Quang Ninh.

**722** mystery client interactions have been completed.

**2,770** training materials have been distributed.

**1,000** Training and **1,000** Practitioner Reference Manuals were produced.

### Achievements

- **The PHS of Hai Phong, Can Tho and Binh Dinh** felt ownership of the project, largely reflecting strong and committed leadership. They achieved clear understanding of the project requirements, established good follow-up systems and efficient expenditure tracking.
- **The introduction to training in the syndromic approach to STI diagnosis and treatment** provided new knowledge and skills for STI management in private practices or pharmacy settings and practice has improved.

- **The curriculum, training contents and methods** met the practical needs of the provinces.
- **Based on experience in Can Tho and Hai Phong**, the project made improvements in the preparation for replication in Binh Dinh and Quang Ninh in November 2001.

### Lessons Learned

- **It is important to collaborate with the National Institute for Dermatology and Venereology** in planning and carrying out an STI prevention project.
- **Engagement and commitment of Provincial Peoples' Committees and PHS** are critical to the effective management of an STI prevention project. The quality and strength of provincial leadership personalities and skills are the most important factors in the success or failure of this training work.
- **Positive engagement by the government of Viet Nam**, with the private health sector is essential to the effective management of STIs. An STI reporting system between private and public health facilities is needed.
- **It is not necessary to use medical practitioners as trainers**, though they should be available as technical experts.
- **Participatory-based training** should be conducted with sufficiently small groups in order to succeed. Some of the groups in STI training were too large.
- **Most private physicians and pharmacists learned the syndromic approach more easily** than some assistant physicians and drug vendors, who were less educated and less motivated. Physicians

and assistant physicians provided counseling and patient notification more easily than pharmacists or drug vendors but many in all groups needed additional training. It is important to carry out training in correct condom use and encourage pharmacists to provide them.

- **To ensure long-term effectiveness of the STI training**, efforts should be made to secure: follow-up visits by trained independent mystery clients, provide periodic refresher training, and conduct focused "medical detailing" visits (cover special points, track issues, provide check-ups).

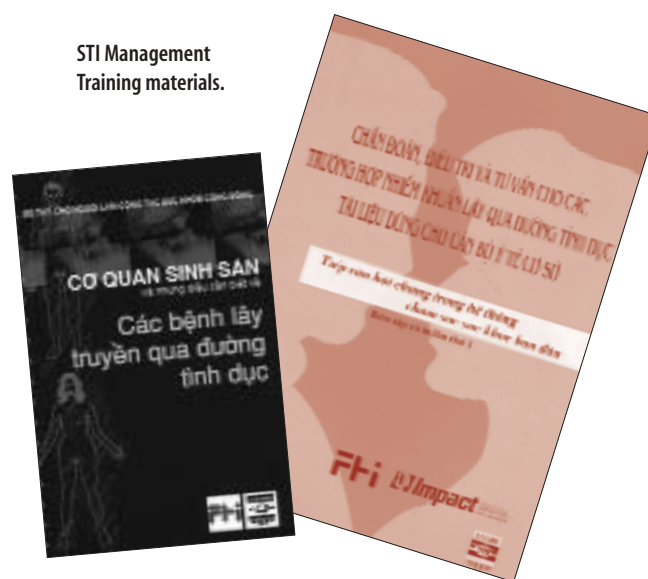
Pharmacists and private physicians receiving STI training in Can Tho province.



- **It is important that mystery clients are not people familiar to the physicians and pharmacists** and the workshop trainers should never be used. Qualitative observation methodology training of mystery clients must be sufficient in order to produce reliable results.
- **Adaptation of international STI training curricula is appropriate**, but national standards, guidelines and protocols should be developed, adopted and disseminated to ensure basic quality of STI care. Training materials need to be attractive and made of long-lasting materials.
- **Outcome indicators need to be clear and simple.** In addition, provinces should be required to track progress toward meeting the outcome indicators.
- **A Certificate of Completion of Training**, with an expiration date, may be required.
- **Future STI training** could focus in high-risk areas (sex worker hot spots; migrant communities). It could include special HIV/AIDS prevention orientation for providers in areas with prevalent injecting drug use in addition to condom promotion and upgrading of STI skills.
- **Any future STI project work** must include the writing of STI treatment protocols for the Women's Health Club and IDU Drop-in Centers or other interventions that include STI diagnosis and treatment.
- **To be effective**, STI intervention work should be monitored more closely than during this intervention due to a lack of adequate numbers of FHI program staff.



STI Management Training materials.







INTERVENTION SEVEN

## HIV/AIDS Behavioral Surveillance Surveys

Hai Phong, Can Tho, Ha Noi and Da Nang Provinces

### The Situation

Although an HIV Sentinel Surveillance Survey had been carried out yearly since 1994, Viet Nam had never conducted a systematic Behavioral Surveillance Survey before the year 2000.

As more people become HIV positive it is very important to know more about how and why it is happening. In order to create effective prevention programs it is necessary to know what kind of risk taking fuels the rising numbers of infections. That knowledge can be applied to national level planning as well as lower level interventions.

Despite rising prevalence rates, Viet Nam is still in the concentrated stage of the HIV/AIDS epidemic. Currently, HIV primarily affects populations with high-risk behaviors, such as injection drug users and female sex workers. It has not yet spread extensively into the general population, although some provinces (e.g. An Giang Province) report growing sexual transmission to people at lower risk.

As previously noted, as of October 31, 2003, more than 73,660 people in Viet Nam were reported to be HIV positive, with over 11,250 clinically diagnosed with AIDS and more than 6,320 deaths reported since the start of the epidemic. The actual numbers are likely several times higher. 85% of the total are men and 57% of the total are IDUs. The majority of these positive people are young (almost 70% under 30 years old) and sexually active.



“The current data from the BSS show the picture of the situation in Viet Nam and lead to better understanding that “behavior” drives the epidemic...The results from the BSS 2001 that are new show us that intravenous drug users (IDUs) are younger and 50-60% are sexually active. Male IDUs are not reporting sharing but young women are. New injectors share more because they are initiated into injecting by others. After that they don't share much.”

FHI ARO BSS Technical Officer

These numbers do not tell the stories of the known HIV positive people or those of the many who do not know that they are positive: the women infected unknowingly by their IDU husbands; the clients infected when they refuse to use condoms in visits to sex workers; the sex workers who may have begun injecting drugs because they are unhappy or their pimp introduced them to injecting; the young people who share needles during their initiation into injecting drug use.

The basic numbers do not describe the socio-demographic realities of the people who are HIV positive or at risk of becoming positive. Neither do they give clues as to how it is best to reach HIV positive people with prevention, care or treatment interventions. It is important to understand why the general high awareness of HIV/AIDS, in Viet Nam, does not translate into widespread use of safer sexual or injecting practices. Such unsafe practices continue to be prevalent throughout the country.

### Questions after BSS II

Before adequate HIV/AIDS interventions can be designed and implemented there needs to be more information about people's lives: What do they do that puts them at risk? Why do they do it? What about their lives may make it easier for HIV/AIDS programs to reach them? For example, having a better idea of the true behavior of IDUs and FSWs can assist HIV/AIDS program planners and implementers to successfully provide appropriate support to the target population. At the same time, FHI technical experts believe that the definition of risk and who is at risk must always be left as wide as possible in order to better track the movement and changes in the epidemic.

### The Project

Today, the BSS team is building practice in

#### “Presumptive risk is important.

We always need to deal with the whole population even if we have core transmitter groups. This is what will help inform on the movement of the epidemic. Surveillance and its function are the main tools in understanding it. Then we can build interventions on the understanding. If you put HIV surveillance, STI surveillance and behavior surveillance together we will have the understanding on which to base programs.”

FHI ARO BSS Technical Officer

how to design, implement and analyze a Behavior Surveillance Survey. The government and other groups implementing HIV/AIDS programs now have data to apply to strategic and program planning. In the BSS, the team seeks information that produces better evidence of where behaviors are driving the increase in HIV/AIDS infections in Viet Nam.

The BSS was designed in 2000, by the National Committee for AIDS Prevention and Drug and Prostitution Control (NCADP) and the Ministry of Health, with technical and financial support from FHI. In BSS Rounds I and II, the FHI Asia Regional Office BSS Technical Officer worked with the National AIDS Standing Bureau and the National Institute of Hygiene and Epidemiology to implement the survey. The BSS compliments the HHS and passive HIV detection systems that were already in place. As the first large-scale behavioral study conducted in Viet Nam, the BSS is a cross-sectional survey imple-

“If female sex workers are becoming more infected is it because they do not use condoms or because they are injecting drugs? Or is it both?”

FHI ARO BSS  
Technical Officer

mented in high-risk populations. It is being systematically repeated in order to measure behavioral trends over time. Future interventions will be built on an understanding of the surveillance results.

Applying the principles of second generation surveillance in concentrated epidemics, the BSS follows the recommendation to conduct behavioral surveys in sub-populations that are easiest to survey but where there is most likely to be a concentration of high-risk behavior.

**A structured questionnaire is given to:**

- Karaoke sex workers (KSW) and street-based sex workers (SSW) (all provinces)
- Injection drug users (all provinces)
- Long distance truck drivers (LDTD) (all provinces)
- Migrant workers (MW)
  - Construction workers (Ha Noi and HCMC)
  - Seafarers and fishermen (Hai Phong and Da Nang)
  - Porters and stevedores (Can Tho)

These groups were chosen because of their potential for high exposure to HIV infection or ability to act as a bridge group to HIV infection in the general population. The survey includes questions on demographic characteristics, sexual behavior, condom use, drug use and needle sharing, STI history, HIV knowledge and access to HIV interventions. In Round II, the questionnaire included additional questions linked specifically to the FHI-supported interventions in Hai Phong and Can Tho.

A BSS Management Board and a National Technical Group established by the NCADP/MOH oversees the BSS work. Provincial organizations and community members work with these groups and FHI provides the financial and technical support for BSS implementation.

## Project Objectives

The basic objectives of the BSS are:

- 1) To describe basic socio-demographic characteristics of the surveyed groups.
- 2) To identify risk behaviors necessitating interventions among sub-populations.
- 3) To identify priorities for planning prevention programs and distributing resources.
- 4) To establish a baseline for monitoring trends and patterns in risk behavior.
- 5) To provide information to explain changes in HIV prevalence.
- 6) To provide key information for advocacy and policymaking.
- 7) To provide information to measure program impact.

### PROJECT GOAL

**To enable program managers and policy makers to make data based decisions for future interventions for HIV/AIDS prevention and care.**

## Activities

### ROUND I BSS 2000

- Protocol for exploratory qualitative research and mapping developed
- Mapping conducted and sampling frames constructed
- Indicators and questionnaires finalized
- Sampling protocol developed, pre-tested and finalized
- Information meeting for policy-makers, NGOs and donors
- Supervisor and interviewer training designed and carried out
- Survey fieldwork data collection June to November 2000 from 10,192 respondents

- Data entry
- Data analysis
- Report written
- Dissemination meetings at National level March 9 and provincial levels March-July 2001
- Report publication and distribution early 2002

#### ROUND II BSS 2001

- Training, mapping, sampling and survey fieldwork carried out between August-December 2001
- Data entry early 2002
- Data cleanup and analysis conducted Summer/Autumn 2002
- Report written/disseminated last half of FY 2003
- Dissemination meetings in December 2003

### Some Key Findings

#### ROUND I BSS 2000

##### One or More Visits to Female Sex Workers in Past 12 Months.

LDTDs reported a higher percentage with SW partners in the past 12 months than did IDUs or migrant workers.

**LDTDs:** Can Tho 39%, Hai Phong 35%, Ha Noi 33%, HCMC 33% and Da Nang 23%.

**Migrant Workers:** Hai Phong 20%, Ha Noi 16%, Da Nang 13%, HCMC 13% and Can Tho 7%.

**IDUs:** Ha Noi 23%, Da Nang 20%, Hai Phong 15%, HCMC 8% and Can Tho 6%.

##### Consistency of Condom Use

**FSWs:** Consistent condom use with a one-time client was higher among SSWs than KSWs in Ha Noi, Da Nang and HCMC. Reported condom use at last sex with regular clients and

non-clients was much lower than condom use with one-time or new clients. Only about one-third of KSWs and SSWs in Ha Noi and HCMC reported consistent condom use during past 12 months with their one-time clients, and in HCMC only one-sixth of SSWs used condoms consistently with their regular clients.

**IDUs:** Consistent condom use was low with all, but especially regular, partners. In encounters with sex workers, IDUs used condoms consistently: Hai Phong 56%, Da Nang 46%, HCMC 45%, Can Tho 38% and Ha Noi 28%.

**LDTDs:** Consistent condom use by LDTDs with all SWs: Hai Phong 82%, Da Nang 84%, HCMC 76%, Can Tho 70% and Hanoi 53%. Condom use with other partners ranged from 21-47% with casual partners to only 2-14% with regular partners.

**Migrant Workers:** Consistent condom use reports are particularly high with SWs: Hai Phong 75%, Da Nang 66%, Can Tho 62%, Ha Noi 57% and HCMC 50%. With casual partners: from 13-32% and with regular partners: Hanoi 12.7% and others, below 5%.

##### IDU Needle Sharing

The percentage of IDUs reporting ever having shared needles in the past six months: HCMC 44%, Ha Noi 32%, Da Nang 31%, Hai Phong 24%; and Can Tho 8%.

##### Sex Workers Using Drugs

Reported ever drug use was higher among SSWs than KSWs, especially in the south: Ha Noi (47% vs 17%); HCMC (20% vs 9%); Hai Phong (19% vs low). In Da Nang and Can Tho the percentage of SSWs using drugs was very low. Injection drug use was high among SSWs in Hanoi (22%) and in HCMC (16%).



## ROUND II BSS 2001

The BSS Round II results show that the average age of IDUs is becoming younger, the majority injects two or more times a day and substantial proportions are sexually active. Many male IDUs report not sharing needles but an increased number of young women report sharing. New injectors share more because other people initiate them, however, later they share less.

The level of risk behaviors found in some BSS Round II 2001 cities and provinces were actually found to be higher than in BSS Round I 2000. This raises some concerns about the need for even more urgent action to prevent the spread of the epidemic. It is also possible that improved reporting due to more experienced interviewers and improved methodology in Round II could have resulted in more complete and honest reporting of behaviors. Following the BSS Round II quantitative survey, an in-depth and qualitative study was undertaken. This surveyed both the BSS respondent target groups and those who implemented the survey to get a better understanding of the survey results that were observed.

### Relationships between BSS respondents and FHI-supported projects

**BSS Round II** offered new data about the relationship between the people interviewed and the FHI-supported projects in Hai Phong and Can Tho. These data showed that the Hai Au Club drop-in center and the Women's Health Center are known and used by survey respondents. In Hai Phong-- 52% of all LDTD, 46% seafarers and 44% IDUs interviewed had visited the HIV/AIDS barber's intervention; 77% of IDUs interviewed had ever heard the Hai Au Club drop-in center, 48% had received risk reduction supplies and 38% received club condoms. In Can Tho, 65% of the FSWs interviewed had heard of the Women's

Health Center, 26% of all karaoke-based SWs (KSWs) and 41% of all street-based SWs had ever visited the WHC in the first year it was open. The majority of sex worker visitors to the WHC report that they received specific services there (e.g. peer education, counseling, risk reduction and BCC materials and STI checkups).

### Achievements

The achievements of the BSS project implementation process illustrate how far the MOH/NASB/NIHE/FHI team have moved toward a vastly improved ability to design, plan, carry out and conduct data analysis related to this complex survey modality. The most striking achievement is in the skills developed which allow the team to work at a very sophisticated level. With each round, the process becomes smoother and the skills have been applied to work with other projects as well, illustrating the significance of the training and practice.



## ROUND I BSS 2000

- **The NCADP, MOH, NIHE, NASB, FHI and other national groups** established a successful collaboration. NIHE partners and NASB implementers made a good team.
- **The team completed** the analysis, report writing and dissemination of BSS Round I report.
- **The team presented** 4 papers/posters on the BSS I process and results at the 6th ICAAP in Australia.
- **The project provided a natural laboratory for training** in sophisticated BSS methodology, implementation, data analysis and interpretation, for many staff of Vietnamese agencies. Asia Regional Office FHI staff trained the Vietnamese surveillance team.
- This new type of survey was introduced for the first time, with fairly representative population-based socio-demo-

### **Participation in the 6th International Congress on AIDS in Asia and the Pacific (6th ICAAP) October 2001**

**Highly visible evidence of the strength** of the partnership built during the development of the BSS came during the 6th ICAAP, in Melbourne, Australia. The conference accepted four oral and poster presentations related to the BSS Viet Nam 2000. The BSS team, representing NASB, NIHE, Ha Noi Medical College and FHI made the presentations. These papers discussed the most significant findings related to each of the sub-populations studied and, particularly, how they could be applied to more effective intervention design and implementation.

graphic and HIV/AIDS behavioral risk data on the groups surveyed.

- **The survey was accomplished with qualitative research as backup** and with a high level of statistical sophistication. Community-based sampling is an innovation of the BSS in Viet Nam, yielding better estimates of risk behaviors in the overall community.
- **The data gathered was useful** for the development of relevant and targeted information and interventions for specific audiences and risk groups. It contributed to the understanding that behavior drives the epidemic.

## ROUND II BSS 2001

- **Training, mapping, sampling and survey field work** were completed December 2001
- **Information** updated on risk behavior.
- **BSS questions** on exposure to FHI-supported HIV/AIDS prevention and care interventions allowed assessment of effectiveness of ongoing interventions in Hai Phong and Can Tho.
- **Additional questions were added** on injecting drug use for both male IDUs and female sex workers.
- **In Round II**, data showed capacity building results in agencies carrying out the survey, with improved understanding of survey design and data collection methodology. Out of the process came an understanding of the need for questions to be accurate. Mapping improved as the survey covered hotspots as well as the registered list of sites. The national team increased its understanding on how to eliminate bias.

## Lessons Learned

- **BSS needs to be an integrated part of a second-generation surveillance system** (HSS, BSS, STI surveillance).
- **Coordination between donor organizations and implementing agencies** conducting the BSS in new provinces will ensure comparable, high quality survey results in all provinces participating over time.
- **Standardization of sampling procedures/questionnaires** for Round II grew out of the Round I experience. The BSS data showed it was difficult to obtain a significant probability sample of marginalized population groups. There is a need for consistency in questionnaire design and structure; the same codes must be used, and questions need to be asked even if investigators think they know the response. Round I did not use weighting but Round II did. In Round I, provinces took questions out, in Round II some of those questions were put back in the survey. In order to provide better information and additional behavioral assessment, questions were added with shorter reference periods, to improve the accuracy of respondent recall.
- **Continuing improvements were needed** in defining some of the concepts, variables and/or indicators generated from the questionnaire: sex partner categories; the concept of sharing needles, syringes and injecting equipment.
- **Data validity needs to be examined.** For example, the data showing such high condom use reported at last sex with a sex worker compared with some other data sources.
- **Fieldwork in any repeat rounds needs to be timed** in a way similar to the round before it to avoid seasonal variation in behavior (i.e. Tet holidays, summer vacations, and migration periods; those times when risk behaviors may also fluctuate).
- **Key indicators need careful standardization.** It is better to standardize time indicators for number of sex partners, past sexual behaviors, needles and syringe sharing, focusing on behaviors in the past day, week or month, not the past six months or a year.
- **It is important to implement additional qualitative research** to clarify information and to help explain quantitative study results. Socio-cultural research is important.
- **It is important to ensure that data are used** for policy formulation and program planning. Dissemination of results, at provincial level works best when done throughout the year, encouraging more use of the data in HIV/AIDS prevention programs.
- **The expansion of the BSS methodology** as used by the Asia Development Bank (ADB) surveys contributed to the delay of Round II of the BSS supported by FHI.



This occurred because the trained personnel from NIHE were pulled away by the work in the ADB provinces. The government does not contract out this work, as in other countries, and this can cause personnel overload in government agencies.

### The Future

**Policy and program planning are of great importance**, as is the utilization of the BSS data. The data can and should be used in relationship to seroprevalence trends. It would be good to link this survey to the STI surveillance work being done. This could be accomplished if one group carries out both types of work. The BSS group will conduct qualitative research to complement and explain the quantitative data received. The data can be used in modeling using

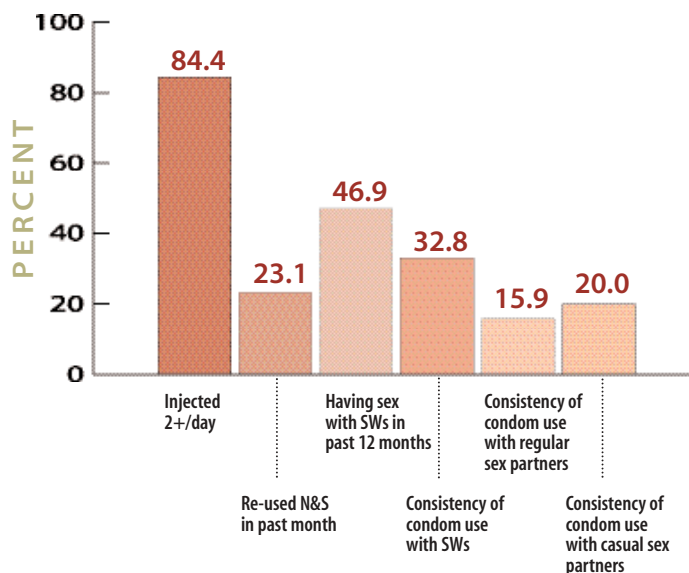
the Asia Epidemic Model. Hopefully, the data will lead to consensus on the epidemic's trends in Viet Nam and allow more sophisticated projections.

The BSS methodology developed in this project was applied in cross-sectional studies and ad hoc surveys done by the Asia Development Bank and the World Bank in twelve provinces, using the NIHE staff trained during BSS Rounds I and II. The potential for additional application of the methodology remains high.

FHI will support Rounds III and IV of the current BSS, however the survey should eventually be picked up as part of a government program. It is also important that the BSS is linked to the government's HIV Sentinel Surveillance System for HIV seroprevalence.

## Risk Behaviors among IDUs in Hai Phong

Source:  
Viet Nam BSS II, 2001





INTERVENTION EIGHT

# Capacity Building of Individuals and Organizations

Hai Phong, Can Tho, Binh Dinh, Quang Ninh, Ha Noi,  
Thai Binh and Dong Nai Provinces



“In Viet Nam, project work at the provincial level has great potential when supported by capacity building and good project models. The responsiveness to improved training and “very applied” and skills oriented community work is great. The uptake of knowledge and training is enthusiastic, especially when follow-up is provided. The amount of attention given to communication capacity building has paid off in creative, well-developed project models.”

FHI APD BCI Senior Technical Officer,  
Nancy Jamieson

## The Situation in Phase II

The National AIDS Committee for AIDS Prevention and Drug and Prostitution Control was responsible for assessing, coordinating, supervising and managing national HIV/AIDS/STI activities, through the National AIDS Standing Bureau and the AIDS Division of the Preventive Medicine Administration at the Ministry of Health. NCADP wanted to strengthen the capacity of all Provincial AIDS Standing Bureaus in order to more effectively meet the challenge of the HIV/AIDS epidemic.

In 1997, the government issued guidelines for strengthening the AIDS response by building a network of people from top to grassroot levels. Many PASBs added more full time staff, as did the District AIDS Standing Bureaus. However, staff in charge

of HIV/AIDS/STI prevention, at all levels, lacked some specialized skills necessary to assure successful programming.

### **The Situation in Phase III**

While the information outlined in this profile focuses on the work that was done in Phase II of the FHI/IMPACT project, capacity building activities continue into Phase III. Some of the Phase III work related directly to capacity building at the national level will be specified in a new MOU with the MOH. In Phase III the Department for Preventive Medicine & AIDS Control, of the MOH is FHI's national level partner. The NASB has been absorbed into the AIDS Division.

PASBs remain the direct partners of the FHI/IMPACT project, at the provincial level.

### **The Strategy at Work**

FHI, recognizing that specialized knowledge and skills are required to meet the many and varied circumstances necessary to build effective HIV/STI prevention and care programs, supports capacity building at all levels of the national HIV/AIDS program in Viet Nam. The activities are divided into three sections: 1) Training support; 2) Conference Attendance and Study Tour support and; 3) Materials (technical/professional resources and materials). Training support is vastly varied and the underpinning for all FHI-supported project interventions. This includes assessment of training interests and needs, the design of, support for and implementation of training events, identification of training opportunities and resources, and on-the-job-training/mentoring. Conferences and study tours include international and in-country events. Materials work includes the identification of needed technical/professional

resources and materials requested by staff of the MOH/NASB, PASBs and implementing agencies, and the procurement of the materials and arrangements for translation as needed. FHI, MOH/NASB and PASB staff, FHI consultants, local consultants and DKT International staff are responsible for carrying out training.

### **Strategy Objectives**

- 1) To enhance the capability of the implementing agencies and members of the NCADP, MOH/NASB and PASBs to design, coordinate and implement effective prevention and care interventions.
- 2) To develop and enhance specific technical skills of MOH/NASB and PASB staff and implementing agencies.
- 3) To support decentralization and localization of HIV/AIDS prevention work.

### **Activities through July 2003**

Capacity building activities reached all levels of the project, from the top government authorities to the IDUs, barbers, female sex workers and others involved at the

grassroots level. The provincial level, where the effect was seen dramatically because of the receptivity of the participants in the workshops, proved an effective level in which to invest most. Since one of the central objectives of the project is to complete a great shift to decentralized planning and implementation, many activities focused on the provincial project team that carries out the work. Training, as well as conferences and study tours were attended by appropriate provincial project team members and staff, as well as national level members.

For detailed activity schedule by year see Annex II.

#### **STRATEGY GOAL**

**To complement and supplement on-going HIV/AIDS prevention, in concert with the policy of the Government of Viet Nam, through the NCADP, to reduce the spread of the HIV/AIDS epidemic in the country.**

## TRAINING

### INCLUDES WORKSHOPS IN:

- Data Collection for Situational Analysis
- Proposal Writing
- Risk Reduction
- Basic, Advanced and Intensive BCC
- Training of Trainers
- Communication Skills
- HIV/AIDS/STI Prevention
- Edutainment and Outreach for Peer Education for Project Staff, Peer Educators and Grassroots Social Workers
- IDU, HIV/AIDS and Health Educator Counseling
- STI Training for Private Pharmacists and Physicians and their Assistants
- Condom Promotion
- HIV/AIDS Information for Journalists
- Voluntary Counseling and Testing skills
- BSS Methodology
- Promotion of Female Condom and Lubricant Training
- Sub-project Development and Management Training for FHI/Viet Nam Staff
- GIPA Training
- IDU PDI/ECHO Model Training
- Care and Support Training
- Monitoring and Evaluation
- Policy Analysis Using the Asian Epidemic Model
- Project Report Writing
- Introduction to ARVs
- Methadone Training
- Sampling and Analysis for HSS
- Analysis Workshop for GIPA Study
- Design Awareness and PowerPoint

### INTERNATIONAL WORKSHOPS INCLUDED

- Telephone HIV/AIDS Counseling (Mumbai)
- Rapid Response and Harm Reduction (Sydney)
- Sexual Health (Chiang Mai)
- STI Refresher Training (Bangkok)
- Asian HIV/AIDS Epidemic Models Workshop East-West Center (Hawaii)
- VCT Training (Bangkok)

- Monitoring Behavior as 2nd Generation Surveillance (Bangkok)
- Men who have Sex with Men Workshop (India)
- BSS training (Bangkok, 2003)
- Monitoring and Evaluation Training Workshop & Training of Trainers (Lusaka, Zambia 2003)
- Policy Analysis Using the Asian Epidemic Model (Bangkok)
- Short Course on ARVs (Brussels)
- Sampling and Analysis for HIV Surveillance Surveys (Bangkok)
- Methadone Training (Hong Kong)
- Workshop on Monitoring HIV/AIDS Programs (Bangkok)
- BCC Workshop (Chiang Mai)

### CONFERENCES AND STUDY TOURS

- Global AIDS Conferences, (Geneva, Durban and Barcelona)
- Policy Study Program (Thailand)
- Strategic Planning Study Tour (USA)
- Study Tour for Social Marketing of Female Condoms and Lubricant (Laos)
- 12th International Conference on Harm Reduction (New Delhi)
- 5th International Conference on AIDS in Asia and the Pacific (Kuala Lumpur)
- 6th International AIDS in Asia and the Pacific Conference (Melbourne)
- International Conference on Community Care and Support (Chiang Mai)
- 13th International Conference on Harm Reduction (Slovenia)
- Study Tour to VCT and IDU Support Projects (Hong Kong)
- Project Study Tours to Ho Chi Minh City Projects
- China Government/DFID Study Tour to FHI/Vietnam Projects (Ha Noi & Hai Phong; 2002)
- Cambodia NGOs Study tour to FHI/Vietnam Projects (Can Tho; 2002)
- IDU/Harm Reduction Study Tour (Russia)
- Chiang Mai IHRC (Thailand)



- 8th World STI/AIDS Congress (Punta del Este, Uruguay)
- 6th Home and Community Care Conference for People Living with HIV/AIDS (Dakar, Senegal)

#### MATERIALS INCLUDE

- **The translation/printing** of 9 BCC handbooks and 6 selected chapters of other documents, STI handbooks.
  - **Translation and adaptation** of: VCT Reports, BSS Guidelines, Care and Support Manual for PLWHAs and their families, Fact Sheets on Different HIV/AIDS Topics and the Expanded Comprehensive Response Manual.
  - **Development** of BSS Supervisor and interviewer manual, STI Training materials (slides and handbooks), Question and Answer Booklet about risk reduction for use in meetings with local authorities.
  - **"Tools":** Guidance on working with an ad agency, sample focus group discussion guides, sample STI training curriculum; sample KAPB for work-sites;
- **Publications** for IDUs education.
  - **Printing** of sticky pads to PASBs for STI projects.
  - **Purchased** computers, slide projectors, over-head projectors for 4 provinces, projects.
  - **Support** for FAX/internet registration for NASB focal group for FHI project.

sample basic facts for press releases and sample training needs assessment instrument.



(See Annex I for titles of Materials Translated)

**Note:** BCC materials development and production is described in the HIV/AIDS Intervention Profile entitled: "Behavior Change Communications Campaigns" as well as in other specific intervention profiles

#### Achievements

The achievements of the individual interventions included in the capacity building strategy are described more completely in the following chapters of this report. However, an overview of the successes can be useful at this juncture.

- **National level activities with NASB** were launched in BSS, capacity building and the dissemination of information. Monitoring was carried out by NASB and FHI.
- **Situation analysis were completed** and the information applied to provincial strategic plans and project designs. FHI staff provided the data collection and interview training for PASBs in order to produce their own assessments.
- **Projects were developed and implemented** at Provincial level, supporting decentralization. The training inputs included: Situational Analysis, Proposal Writing, HIV/AIDS/STI Knowledge, Peer

Education, BCC Principles and Methodology, Counseling, Risk Reduction, STI Diagnosis/Treatment and Outreach. These workshops raised the quality of the projects significantly.

- **Project partners increased their skills** related to the design, implementation and monitoring of the project interventions. Raising these skill levels enabled the interventions to succeed.
- **Groundbreaking skills building** was achieved in Peer Education work at the 05/06 Centers in Binh Dinh and Dong Nai. Training of PLWHAs, female sex workers and IDUs as peer educators, as well as center staff as support people, laid the foundation for exceptional education, care and support activities. MOLISA\* is now requesting further assistance in the centers. As a result, marginalized people gain confidence and self-esteem.
- **FHI staff spent many person days** building capacity in provincial project sites by providing technical support and mentoring project team members through coaching, training and discussions. The FHI staff was able to trouble shoot and engage in problem solving with provincial project staff from the implementing agencies.
- **Significant progress** toward implementation of risk reduction projects occurred in a difficult political climate. Results of this work include the drama-based peer education program in the 05/06 Centers and in the community, a pioneering peer driven intervention in outreach at the Drop-in Centers for IDUs, outreach and in-house services at a Women's Health Club for commercial sex workers, Men's Interventions in peer education provided by barbers, shoeshine boys, motorcycle taxi drivers and workplace educators. Condom promotion training and supplies for distribution support all of the interventions, and DKT International's condom social marketing intervention makes large numbers of condoms available in six provinces.
- **Project partners raised their skills** related to BSS design, implementation and analysis. The BSS results were presented at the 6th ICAAP, 2001, in four oral and poster presentations.
- **Project partners increased their skills** related to project design, implementation and assessment. Results of interventions were presented at the 6th ICAAP, 2001, in five oral and poster presentations.
- **The translations of various handbooks** including nine related to BCC interventions for HIV/AIDS/STI prevention were disseminated to 61 provinces, ministries and members of NCADP.
- **Provincial partners received training** in how to produce and distribute their own BCC materials.
- **Capacity building focus** has been very applied and skills oriented and linked to specific program interventions and activities at national and provincial levels.
- **Vietnamese participants exhibit** great responsiveness to training.
- **The capacity building framework** allows much cross learning and sharing of experience at all levels.
- **The modeling of projects** in FHI-supported provinces influences non-project areas. These other provinces

\* MOLISA – Ministry of Labor, Invalids and Social Affairs

have since requested to see the project activities and try them in out for themselves.

### Lessons Learned

- **There are significant project benefits** from supporting capacity building for national level activities at the NASB and MOH. These results are best seen in successful BSS, capacity building, national policies and guideline development and dissemination activities.
- **Capacity building successes** directly relate to increased ability of project partners at all levels to carry out their duties and obligations to the project, and to the development of HIV/AIDS /STI programming. It is worth the investment in training and monitoring.
- **Capacity building changes the lives** of those undergoing formal or on-the-job training when they apply their new learning to immediate, practical HIV/AIDS prevention work.
- **BCC work can be done** in a decentralized way in Viet Nam when the staff involved are well trained.
- **BCC, peer education, counseling and risk reduction training** may have to be repeated to assure maximum impact, in some situations.
- **There is a positive value** in ongoing monitoring and technical assistance.
- **BSS work needs to be supported** by training and retraining, as this is a new approach with many new techniques.
- **Access to new and well-developed materials** through translation can be useful to Vietnamese HIV/AIDS program

“**Taken piece by piece**, capacity building is behavior change. The inherent challenge is the time and resources available to any project. Everyone among the partners has limitations in both these areas. Yet, behavior change activities and behavior change itself take a lot of time and human resources. There never seem to be enough of either. Vietnamese partners are often involved in multiple projects with other international partners and these place demands on everyone. Another limitation is that the import of new concepts, combined with the language issues involved in carrying out training in these areas, as well as the establishment of the conceptual ability to work with the new ideas, take a lot of time.”

FHI ADP BCI SENIOR REGIONAL BCC TECHNICAL OFFICER

leaders, implementers and beneficiaries.

- **Well-placed use of effective international consultants** can make a positive difference in a capacity building project. But it is also essential to strengthen local resources for capacity building.
- **Carefully planned, facilitated and followed-up study tours** can positively introduce new concepts and approaches which participants can then apply.
- **Conferences are particularly successful experiences** when the participant delivers an oral or poster presentation.

Confidence increases and public speaking skills grow. Learning needs to be reflected in post-conference follow-up activities.

- **Flexibility is important** in order to allow decentralized interpretation of work and changes needed. Working in four different provinces revealed that different activities worked well in different places.
- **It is important to choose appropriate initial provinces** in which to work, as project interventions in these provinces will serve as models for other provinces.
- **Because capacity building is in fact behavior change**, it requires great resources and a considerable amount of time. Projects seldom allow enough of either.

### The Future

In Phase III, as the project moves into new intervention areas and replicates successful ones from Phase II, there will be continuing need for training in: BCC, Training of Trainers (TOT), advocacy, giving of social support, voluntary testing and counseling, gender and sexuality. Intervention skills training is also necessary for: ECHO, STI training, training for home care, peer education, condom social marketing and the female condom, workplace PE, risk reduction, stigma reduction, mobility issues, helping PLWHAs participate in support groups, project design and evaluation. A basic care and support training/material package will be developed for PLWHAs and those affected by HIV/AIDS.

In capacity building at the central level the MOH and other institutions will focus on HIV/AIDS Program Management, VCT and journalist training. People from FHI, MOH and the provincial projects will be sponsored to attend several international

workshops and conferences and take part in study tours. Materials for knowledge growth and other purposes will be supplied and translated as necessary. Additional local agencies will be involved as resources for capacity building. The work will continue to be decentralized to the provinces to ensure appropriateness and effective implementation at the local level.

**KEY THOUGHT:** Capacity building is the underpinning for all the other work of the HIV/AIDS project and will help to assure greater project sustainability, longevity and possible replication of interventions.





INTERVENTION NINE

## Behavior Change Communication Campaigns

Binh Dinh, Hai Phong, Quang Ninh, Can Tho,  
Ha Noi, Dong Nai and Thai Binh Provinces



“**The xe om\* drivers in Can Tho City**

stated that they only distributed leaflets to young men and men from out of town, especially those that are going to sex workers. The xe om drivers said that men are very interested in the leaflets and often ask health-related questions... All of the xe om drivers interviewed were happy with the leaflet distribution program. They felt they were helping society.<sup>1</sup>”

\*xe om = motorcycle taxi

### The Situation

Although awareness of HIV/AIDS is high in Viet Nam, unsafe sexual and injecting drug use behaviors continue to be prevalent throughout the country. Many people using condoms are not consistent and needle sharing among IDUs is common. Much remains to be done to produce attractive behavior change producing HIV/AIDS prevention messages, which appeal to people who already know the basics but who do not apply that knowledge to their daily lives. Messages targeted at men, who are both the highest number of IDUs and HIV positive people, need to be more effective in promoting positive personal behavior change.

Past efforts to communicate HIV/AIDS prevention messages have often used stark

and negative messages, linking HIV/AIDS to “social evils,” rather than taking a more positive and informative public health approach. While the “anti-social evils” approach related to HIV/AIDS had been downplayed from 1997-99, by 2000 it was back in the forefront again in the midst of a renewed “anti-social evils” campaign.

Most health promotion communication has been centrally planned and designed. However, government authorities increasingly recognize the critical role of theory-based BCC in HIV/AIDS prevention and the importance of local adaptation. The use of modern behavioral change communication and advertising techniques, to effectively deliver key messages, is increasing. Local governments are learning to use for-

1 “Final Evaluation of the Can Tho Men’s Intervention Campaign,” August 2001, Rosanne Rushing.



## PROJECT GOAL

**To build local capacity for the design and implementation of behavior change communication activities for HIV/AIDS prevention which help reduce HIV/AIDS/STI transmission through increased practice of safer sex.**

mative research to design effective BCC for HIV prevention and to pretest materials and messages.

### The Project

Initiated in May 2000, USAID funded, and FHI supported, decentralized and comprehensive BCC work reached four provinces: Hai Phong, Can Tho, Quang Ninh and Binh Dinh. Targeted BCC work in Ha Noi, Dong Nai and Thai Binh began mid-2002. Provincial AIDS Standing Bureaus designed the interventions, with FHI support. The local governments, PASBs and mass organizations, implement them under the guidance of FHI. Basic, intensive and advanced BCC training and ongoing technical support from FHI are key to building local capacity in behavior change communication. The IEC\* centers of Provincial Health Services play a key role in the development of materials and training for interpersonal communication work, through peer and health educators. Local artists and writers tailor messages and images to reflect local realities and target populations. FHI encourages the use of private advertising agencies and marketing firms to develop effective media products for dissemination.

Many of the BCC activities prove popular and effective in reaching the general public, as well as targeted populations such as IDUs, female sex workers, men who purchase the services of sex workers, factory workers, and youth. Men receive significant attention in this BCC work, as they are the majority of people who are HIV positive and/or IDUs and those most likely to be the bridge between HIV in the IDU or FSW populations and their non-sex work related sexual partners in the general population.

“A truck driver interviewed commented that he has seen signs along the highway with messages about condom use and avoiding drugs and discusses the signs with his young assistant.”<sup>2</sup>

### Project Objectives

- **To upgrade the knowledge, skills and practices** of communication practitioners so that BCC strategies will be more effective.
- **To improve audiences' HIV/STI knowledge**, to encourage changes in behavior, to build skills for safer practices.
- **To increase the understanding and acceptance** of condom use for HIV/STI prevention among those whose sexual or injecting behavior places them at risk for HIV.
- **To convince men to be more responsible** in sexual matters in their roles as citizens, fathers, husbands, friends, and employees.

### Activities

BCC activities make up a large component of the work conducted in the project and are a part of each of the interventions in different ways. At the same time, the BCC activities provide powerful vehicles which help link the HIV/AIDS prevention interventions in each province and provide connections between provinces. Up to the end of Phase II, the FHI-supported project has followed the process, and produced the BCC activities described below:



<sup>2</sup> "Final Evaluation of the Binh Dinh Men's Intervention Campaign," August 2001, Rosanne Rushing.  
\* Information, Education and Communication

### PREPARING FOR BCC WORK IN THE COMMUNITY

- **Formative Research:** PASBs and other partners conducted this research to explore knowledge, behaviors and attitudes linked to HIV prevention.
- **Advocacy Meetings:** Provincial and Ha Noi-based FHI staff and PASB partners met with other community and party leaders to ensure their support and involvement in the BCC work.
- **Planning/Coordination Meetings:** These meetings were held to coordinate the roles and responsibilities of the PASB members, related to each BCC segment and intervention.
- **Launching Meeting:** This meeting, attended by the media, kicked-off the public campaign.



▲  
Behavior change  
comic books for  
customers of PE  
barbers

### DESIGNING AND IMPLEMENTING BCC WORK

- **Training Workshops on BCC:** Basic (two week hands-on survey course of the BCC approach), intensive training (focus on stigma), advanced (focus on decreasing stigmatization research) and advanced training (focus on issues of sexuality and on improved audience research) workshops for provincial staff and partners implemented and facilitated by FHI staff and consultants.
- **Training:** Training for Barbers, Shoeshine Boys, Motorcycle Taxi Drivers and Workplace and Drug User/Sex Workers Rehabilitation Center Peer Educators. Basic training in HIV/AIDS prevention and education and peer education techniques also supported the men's intervention projects.
- **Peer Education conducted.**
- **Collaboration with Advertising Agencies:** The project worked with agencies

to design and pretest prototype BCC materials.

- **BCC Materials Production and Dissemination:** The project produced billboards, leaflets, posters, flip charts, mini-pocket calendars, comic books, logos, magazines, and stickers on tissue holders, periodical pictorial stories. Different combinations of these items were produced in each province.
- **Mass Multi-Media Campaigns:**
  - **Television and Radio Productions:** Non-print media including short TV and radio spots and teledramas were produced, reflecting local needs and skills.
  - **Interpersonal Communication.**
  - **Print Media Campaigns:** Several provinces produced newspaper question and answer columns, feature articles and news reports.
  - **Journalist Training:** Print and non-print journalists were trained in a one-week course, in how to develop appropriate and effective HIV/AIDS prevention education and information stories.
- **Live Mobile Drama:** Active HIV/AIDS peer education communication training, with a foundation in drama, trained residents of the drug and sex work rehabilitation centers in Binh Dinh and Dong Nai. The peer educators then gave performances and led interactive audience discussions in the centers and the community.
- **Community Events:** HIV/AIDS messages were incorporated into community events, such as:
  - **Mobile BCC Shows:** Mobile shows carried BCC messages to schools and offices and at hotspots for drug use and commercial sex work on the streets.
  - **"Ideal Man" Contests:** Provinces designed competitions for gender sensitive men with good knowledge of HIV/AIDS.





## TANGIBLE SUCCESSES

BCC for HIV/AIDS prevention through peer education was implemented effectively in the project provinces of Hai Phong, Can Tho, Binh Dinh and Quang Ninh:

### By December 31, 2002

125 workplace peer educators reached almost 24,651 employees of 8 factories, 290 motorbike PEs reached 62,857 customers, 92 barbers reached 79,919 customers and 60 other barbers were trained. 20 shoeshine boys reached 11,134 customers, rehabilitation center PEs reached 5,500 people, 488 PEs from the drop-in centers reached 3,348 IDUs, 126 PEs trained 559 women at the Women's Health Club and 3 health educators and 6 community outreach workers (former FSWs) had over 53,236 peer education contacts with women. Peer educators also distributed thousands of pieces of BCC materials and many sold or distributed condoms as well.

### BCC development succeeded in many innovative and widespread products:

The BCC campaign produced and distributed: 354,869 leaflets, 90 billboards, 8,900 posters, 25 real stories, 5 comic books (9,000 copies), 6 'provincial' logos, 12,000 stickers, 900 copies of a magazine, 100 flipcharts. It held 28 competitions and performances, produced and broadcast 10 radio spots, 2 radio dramas, 10 TV spots, 11 TV programs, 7 teledramas, 2 mobile dramas, 2 films, 96 Q & A newspaper columns and provided 31 presentations. Binh Dinh Television produced a nationally successful documentary film, "Thirst for Life."

- **Topic Talks:** Experts and peer educators presented topics, often chosen by the audience, in the community, as well as in centers and clubs.

- **Condom Promotion through Social Marketing:** CSM occurred at non-traditional outlets such as bars, karaoke cafes, restaurants, massage parlors, petrol stations/truck stops and hotels and brothels. It also included mass media advertising and media events. DKT also provided condom promotion training to each of the other interventions.

- **A Condom Tunnel:** In Can Tho, a condom promotion 'tunnel' was set up along a five-kilometer stretch of highway and crossroads, where mobile peer outreach workers are employed. 47 large, attractive billboards and smaller signs with positive messages encouraged safe behaviors. They are placed along the main highway near sex work 'hot spots' in Thot Not district and where condom distribution non-traditional outlets have been established at bars, restaurants, hotels, karaoke bars and truck stops in the area.

- **Monitoring and evaluation of projects.**

## Achievements

The BCC campaign succeeded on many levels and continues to reach into all interventions described in the project. It is a strong thread pulling all the pieces together.

- **The BCC campaign fostered institutional autonomy** and sustainability by strengthening provincial capacity to design activities and HIV/AIDS preven-



Reviewing TV spot in Can Tho province.

tion messages, produce materials locally and to select appropriate communication channels.

### storyquote

#### USING RADIO STORIES TO REACH MILLIONS OF PEOPLE

“I got married 8 years ago and now we have a lovely 6 year old daughter. My husband told me he started using drugs after he married me. Recently, he made me so surprised when he asked my daughter and me to move to my parents’ house. Only after several conversations with his aunt did I know why he treated us coldly. He wanted us to be safe from the virus he has: HIV. My aunt advised me to go to the hospital for a test. With the first test, both my daughter and I were negative. I felt happy then. Three months later, we went through the test again and I discovered I am HIV positive. I got this deadly virus from my husband. I received the news calmly. Yes, I am sad and disappointed but what can I do? I still have a consolation: my daughter is safe. No one knows that both my husband and I are HIV positive except family members. We don’t leak the information as our neighbors will look down upon and stay away from us. How can we live? ”

From a radio interview,  
Voice of Viet Nam, July 8 2001

- **Support for experience sharing and mentoring** among the FHI-supported PASBs provided valuable peer-to-peer learning opportunities.
- **Government bodies and mass organizations collaborated** to successfully implement community-based activities traditionally carried by NGOs in other countries in the region.
- **Highly dynamic and successful decentralization occurred** (i.e., in terms of design, pre-testing materials, production and dissemination of BCC messages through both mass media and interpersonal (peer education) approaches).
- **BCC materials appropriate to many different target groups** were designed and disseminated.
- **Messages were developed to help decrease the stigma against HIV + people** and to promote compassion and understanding.
- **Positive images of personal responsibility** were created and reinforced.
- **The project established peer educator groups** for barbers, shoeshine boys, motorcycle drivers, men in the workplace, as well as in drop-in centers for IDUs and in a health club for women at high risk for STI/HIV infection.
- **The Condom Tunnel attracted a lot of attention**, won over skeptical people, and delivered the safer sex message at the appropriate place, to the appropriate people, at the appropriate time. Condom usage reportedly increased along the tunnel route where each day



Participating in the Behavior Change Communication (BCC) Training Course

thousands of people traveling along the road saw the messages.

- **25 journalists from national and provincial media agencies** were trained in HIV/AIDS communication. 42 media products were produced on HIV/AIDS topics following the training (31 newspaper articles, 4 radio tapes for broadcast, and 7 TV video tapes for broadcast).
- **The Condom Promotion intervention** with DKT International had distributed and sold 31,766,894 condoms by September 30, 2002.
- **Additional provinces added to the BCC campaign** for 2001-2 included various BCC activities in their interventions: Ha Noi, Dong Nai and Thai Binh.
- **Over 150,000 people were reached** through FHI-supported interpersonal one-on-one peer education HIV/AIDS prevention activities.
- **Community authorities** (Police, Social Affairs, the Peoples' Committee) must be made important players in the activities and can help facilitate bureaucratic difficulties. The need for government clearance for locally developed media products can delay the project. Fortunately, partners handled this process well, and have learned that these groups are also important audiences.
- **Mass organizations, health departments and other government agencies**, when provided with support and technical guidance, can successfully carry out effective, innovative and locally targeted BCC campaigns.
- **Journalists can be trained** to communicate more accurately and effectively about HIV/AIDS and to avoid stigmatizing terminology in their reporting on the issue.
- **The building of positive images** of personal responsibility contributes to BCC campaign success.



▲  
Real stories by  
HIV/AIDS affected  
people.

- **FHI-supported BCC messages on HIV/AIDS prevention** reached literally millions of people through provincial and nation-wide broadcasts of teledramas, radio and TV spots. FHI also sponsored HIV/AIDS concerts, social events, World AIDS Day events, and provincial and national advertising for condom promotion by DKT International (funded by FHI).

## Lessons Learned

- **Conducting initial provincial situation assessments**, followed by a strategic planning process, were essential first steps in developing appropriate interventions in each province.
- **Combinations of a variety of BCC activities** mean more effective, reinforced reach of messages.
- **Effective BCC materials** do not have to be expensive to produce.

- **BCC activities targeted at men** can be effective and successful.
- **Private advertising firms** can be used effectively to assist in mass media campaigns with appropriate guidance.
- **Vietnamese media** are willing to feature and focus on these interventions.
- **Despite the successes of the BCC work**, there remains a great need for personalization and internalization in order to improve personal risk perception, moving away from the ideas of limited “risk groups” to individual risk behaviors and responsibility.
- **BCC messages need to be strengthened** through better audience segmentation and better use of formative research to move from ‘basic information’ to motivating behavior change.
- **Managing shoeshine boys** proved too difficult due to their mobility. While this activity still succeeded in Hai Phong, it was not replicated in other provinces. Because of their young age, the boys were not allowed to provide or sell condoms to customers.
- **Strong “anti-social evils” campaigns**, such as in Cam Pha and Can Tho, made community outreach contact with drug users and female sex workers all the more difficult.
- **Effective and up-to-date monitoring** of the BCC campaign requires more human resources than the project was able to provide up to the end of Phase II.
- **BCC activity monitoring systems** need to be systematic, comprehensive and implemented from the beginning of an intervention. For example, media audi-

ence tracking data and exposure to BCC messages could be obtained by hiring special monitors or from media marketing firms. Exposure to BCC messages could also be obtained by adding special questions to the Behavior Surveillance Surveys.

### The Future

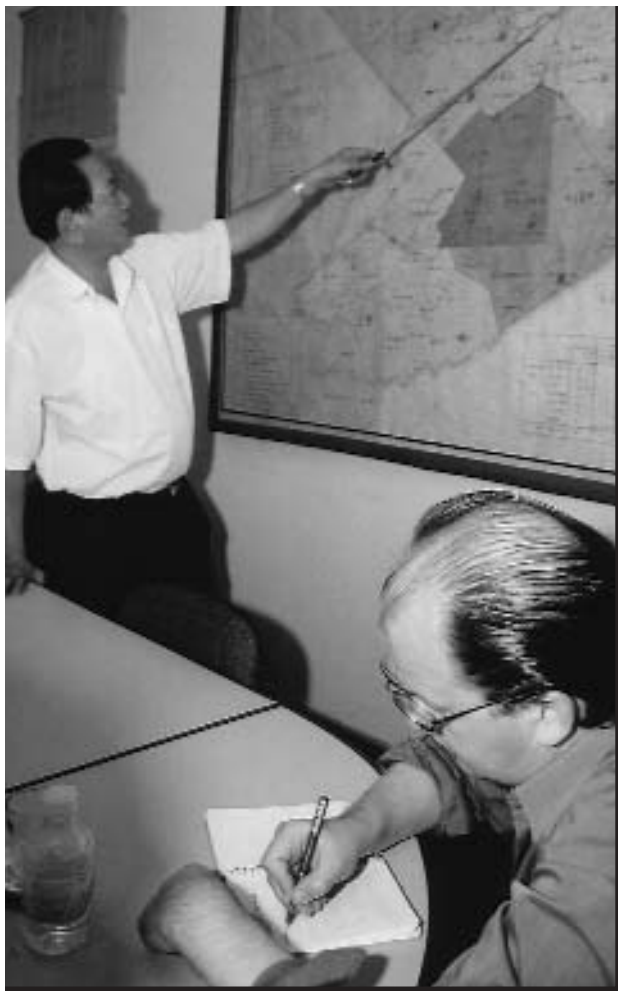
**BCC work in Phase III continues**, but is primarily directly connected to individual interventions, rather than a specific BCC Campaign. Comprehensive BCC strategies are built into all new intervention sub-agreements. This will give more focus to the BCC work, guaranteeing that the response better meets the requirements of the intervention. These strategies will also help to connect interventions with each other.



▲ Pamphlet on safe behaviors for the general public (Quang Ninh province).



▼ HIV/AIDS information leaflet for condom promotion.





C H A P T E R   F O U R



## CHAPTER FOUR

# Looking Forward

### NEWEST PROVINCES AND PROJECTS

**B**y the beginning of 2002, three new provinces, Ha Noi, Thai Binh and Dong Nai were added to the USAID funded FHI/IMPACT supported project, making a total of seven participating provinces. In addition to the interventions in the new provinces, Quang Ninh added the Barbers' and Motorcycle Taxi Drivers' Peer Education interventions (Chapter 3), as well as the STI intervention. Binh Dinh also added the STI intervention, which is described in Chapter 3. Most of the new interventions began in mid-2002. In June, 2003, Ho Chi Minh City became the the latest new province to join the FHI/IMPACT project.

The expansion of specific interventions to the new provinces was based on the expressed need and interest of the NASB, FHI, PACCOM, and provincial authorities to include prevention interventions focusing on mobile populations, and the need to conduct specific special interventions. Examples of these interventions include:

1) In Thai Binh, a special intervention was added for mobile youth from a relatively rural province (all other project sites are highly urbanized areas or cities); 2) Both Dong Nai and Ha Noi were included due to the high numbers of migrant/mobile populations residing/working there and were significantly high ranking in numbers of HIV/AIDS cases, but also lacked much international support for interventions; 3) Dong Nai was also selected for replication of the 05/06 HIV/AIDS prevention work in the provincial rehabilitation center. This province was also identified for future interventions working with mobile populations migrating to work in the many industrial zones in the province. 4) The Ho Chi Minh City project will include men's interventions (including activities for MSM), a women's intervention aimed at women at high risk for HIV, care and support through community-based care, support for anonymous testing site (ATS) and capacity building for provincial authorities and AIDS workers.



## Ha Noi

### Men's Intervention: Barbers' Peer Education

#### The Project

As described in Chapter 3, the Barbers' Peer Education intervention has expanded to Ha Noi.

The districts chosen for site development are those in which large numbers of migrant men live temporarily, engaged in construction, transportation work or other employment and where HIV prevalence is also high. As noted earlier, the 2000 BSS showed that many construction workers, IDUs and truck drivers living in Ha Noi do not use condoms consistently with any partners. Out of the group of 474 construction workers surveyed, 78% had come to Ha Noi within the previous twelve months.

Situational analysis showed that despite prevention activities supported by government and international NGOs, their smallness of scale and scope means that they have had little impact on the city's migrant workers.



FHI collaborated with the Ha Noi Provincial Health Service through the Ha Noi AIDS Standing Bureau on this intervention. This project originally ran from March 1, 2002 through February 28, 2003, but continues in Phase III.

60 barbers were trained in June 2002, and began their work shortly thereafter.

#### Activities

- **The activities are similar to those in Hai Phong:** 1) Establishment of barber HIV/AIDS prevention groups; 2) two-day training workshops provided on HIV/AIDS prevention, the dangers of drug use, risk reduction practices and condom promotion; 3) design and provision of the necessary materials and locations for the operation of the barber groups; and 4) the development and production of posters, comic books and other BCC materials on HIV/AIDS/STIs prevention.
- **Building on the pilot work carried out in Hai Phong,** the new intervention upgraded its pre-implementation training for the peer educators by adding an additional day to the workshop. Refresher training was held during month six for this project.
- **Barber peer group leaders met with the Ha Noi PASB each month** and the meeting reports were submitted to the NASB and FHI.
- **Monthly reports** included new questions about the number of referrals made for HIV/STI treatment and care, number of condoms sold/distributed and the number and type of questions customers ask the barbers.

#### Achievements

By March 30, 2003, 70 barbers, at 6 sites,

## PROJECT GOAL

**To improve HIV/AIDS awareness and knowledge and to promote safe behaviors concerning HIV/AIDS prevention among male mobile populations living in selected districts and wards in Ha Noi.**

had been trained and participated in the project. 50,145 customers had visited the peer educator barbers 113,675 times and received 108,325 pieces of BCC materials (leaflets and comic books). Barbers provided HIV/AIDS prevention education and more than 52,000 condoms to their customers.

The provincial and district partners gained experience in mobilizing the community and in developing and managing barbers to be HIV/AIDS prevention peer educators. Even after a short time, collaborators discussed expanding this model to other districts. Activities at some of the initial sites continue.

### Lessons Learned

- **Advocacy for political consensus** was important but sometimes difficult.
- **Not all district authorities will react the same way.** One of the Ha Noi districts stopped the barber activities after a communication problem with authorities. City rules about street vendors, including street barbers, was behind the stopping of two barber teams in one district. Consequently, for some time only 40 barbers were active.
- **Selecting the appropriate work sites** can be difficult.



▲  
A client learns how to prevent HIV/AIDS while getting his hair cut.

- **Pre-testing BCC materials** was difficult in a mobile environment.
- **Mass media advertisement** of the project activities should be increased.
- **BCC materials** need greater diversity.

## Voluntary Counseling and Testing Center, Bach Mai Hospital

### The Situation

Currently, HIV tests in Viet Nam are mainly carried out in government supported health settings and in private clinics.

Some of these test results are used in the HIV/AIDS sentinel surveillance surveys, for blood screening, HIV/AIDS diagnosis and scientific research. Many HIV tests are compulsory and voluntary testing is limited. HIV/AIDS pre-test and post-test counseling, where provided is very weak, mainly focusing on medical advice. In addition, many people who are tested are still not informed of the results in a timely fashion.

The link between HIV testing and counseling has not received appropriate attention or investment. Available counseling offices often do not act as entry-points for HIV/AIDS prevention and care. There are still very few VCT centers in the country. CDC and its MOH partners have recently established 18 VCT centers throughout the country. Still, vulnerable people usually do not have access to counseling services, and likewise, counselor training is limited and rarely available in most areas.

The Government of Vietnam wants to strengthen HIV/AIDS prevention and care work, therefore voluntary HIV/AIDS counseling and testing is one of the priority areas set for more attention.

### The Project

The National AIDS Standing Bureau requested that FHI Viet Nam provide financial and technical support to develop a model VCT center at Bach Mai Hospital, located in Ha Noi. FHI, MOH, Bach Mai Hospital and CDC collaborate on this project.



Welcoming staff of the VCT Center in Bach Mai Hospital in Ha Noi.

The project began on August 15, 2002 and continues through 2004. The center provides VCT services to people who are at the hospital for health check-ups, medical examinations, blood donations, in-patient care or those who are accompanying family members from Ha Noi and other provinces. The people using these services include both HIV infected and affected people, as well as the general population.

The center is integrated into Bach Mai Hospital, located in the outpatient department and collaborates with all medical departments and institutions. Thus, it promotes VCT as part of general health services, involves existing health care workers in HIV/AIDS activities and facilitates referrals to appropriate care services. Center staff members are health professionals who can provide services beyond basic HIV counseling.

The challenges include: the need for technical, administrative and managerial capacity development for the health workers, lack of adequate care and support services, the need for quality assurance monitoring and the existence of regulations that do not allow the use of non-health care workers in hospital counseling services.<sup>1</sup>

Although the VCT center at Bach Mai Hospital officially opened January 24, 2003, they did not begin to receive clients until February 10, 2003. The center initially received only a few clients due to several factors, however they now receive up to 32 clients per day. It is important to note that Bach Mai received its first Severe Acute Respiratory Syndrome (SARS) patient in late February, after which it became the main hospital for SARS patients in Ha Noi. Once Viet Nam was declared SARS free, the number of clients visiting the VCT center increased dramatically.

### PROJECT GOAL

**To ensure the availability and accessibility to good quality Voluntary Counseling and Testing Services for HIV/AIDS infected and affected people as well as for the general population at the VCT center located in Bach Mai Hospital in Ha Noi.**

## Project Strategies <sup>2</sup>

### STRATEGY 1

To develop a model VCT center located in the Examination Department of Bach Mai Hospital.

### STRATEGY 2

To develop an integrated network for VCT services, which includes all related Departments/Institutes within Bach Mai Hospital and linkages to external institutions/organizations. This will ensure the functioning of the VCT center as an entry point to other HIV/AIDS prevention and care services.

### STRATEGY 3

To provide VCT services as an entry point to other HIV/AIDS services including prevention of mother-to-child transmission, prevention and clinical management of HIV related-illnesses, tuberculosis control, and psychosocial and legal support.

### STRATEGY 4

To strengthen MOH capacity for management of HIV/AIDS VCT programs in Viet Nam.



<sup>1</sup> Bach Mai VCT Assessment Visit, June 19-20, 2003. Conducted by Joan McNeil.

<sup>2</sup> FHI subagreement, August 15, 2002



▲ Intake of men and women seeking services at VCT Center.

## Activities

Activities include:

- **A Consultative Meeting:** NASB, CDC, MOH, Bach Mai and FHI representatives established a collaboration mechanism, built a working group and drew up plans for implementation.
- **Orientation and Advocacy Meetings:** These meetings for various levels of Bach Mai staff built understanding and support for the development of the VCT center.
- **Establishment of the VCT Center:** This included space, equipment and staff.
- **Study Tours to Thailand, HCMC and Hong Kong:** These study tours provided training and a better understanding of VCT.
- **Collaboration with the Microbiology Department's Testing Lab:** This lab helped define a testing protocol for VCT services.
- **Procurement of HIV Test Kits:** Testing services are offered free of charge the first 2 years.
- **Provision of Staff Training:** Training curricula and materials were designed or adapted and Master Trainers trained on use of curricula and VCT, including 5 VCT Trained.
- **Training on BCC:** This was provided for counselors, the VCT manager and other staff.
- **Development of Counseling Protocols and Guidelines for Operational Procedures:** These protocols and procedures helped to assure the quality of the work done in the VCT center.
- **Intensive Training on VCT Services:** This training was conducted for center staff and counselors.
- **Training Courses for Bach Mai Staff:** These courses served focal persons at relevant Departments and Institutes, furthering center integration.
- **Established Confidential and Anonymous Client Record System:** Staff were trained in appropriate use of forms and necessary forms were printed.
- **Development of BCC Materials:** These are for client distribution, promoting safer behavior, VCT, discussing how to live with HIV infection and care and support.
- **Adaptation of FHI's Quality Assurance Tools:** These tools are the bases for regular monitoring and supervision, which will ensure standards and quality of VCT services.

Many other specific activities support each of the four strategies.

## Achievements

- **August 2002:** Basic HIV/AIDS counseling course was conducted by CDC for Bach Mai staff, including five FHI-supported VCT Counselors, and other project participants.



■ **September 2002:** A study tour to Thailand and Hong Kong was completed with clear effects on the attitudes and motivation levels of participants. All reported a much better understanding of VCT as a process and activity, including the rationale for its existence. The hands on experience of being in VCT sites and with employees and clients powerfully brought to life the realities of working in this area.

day. The clients include students, government officials, military personnel and farmers. 25% of clients are female. Of the 878 tested at the VCT Center through November 30, 2003, 23% were confirmed HIV+.

■ **Counseling has been given at the center** on topics such as risk reduction, HIV care, nutrition, STDs, clean needles, support services and premarital counseling.

Client receiving anonymous counseling.



■ **Planners and center staff** show increased excitement about the VCT activities in Ha Noi.

■ **Plans for the development of protocols and continued skills building in VCT have been made.** An ARO VCT Senior Technical Officer assisted with this process in October 2002.

■ **From February 10 – November 30, 2003,** the VCT center received 1,481 clients, with as many as 32 clients in one



As of November 30, 2003, the VCT Center has received 1,481 of clients as follows

Month	Number of Clients	Male	Female	Families of HIV+ Counseled	Tested before HIV-	Tested before HIV+	Tested at Bach Mai HIV-	Tested at Bach Mai HIV+	Received Full VCT Services
Feb	26	20	6	6	0	4	13	0	13
March	33	24	9	4	0	3	7	1	12
April	35	24	11	7	2	6	14	5	19
May	120	88	32	17	3	8	44	10	54
June	227	165	62	26	10	35	84	27	75
July	211	147	64	n/a	9	20	104	32	94
August	207	153	54	43	4	12	92	19	75
September	219	157	62	26	4	18	107	52	126
October	207	147	60	34	6	18	98	22	96
November	196	149	47	20	4	6	111	36	122
<b>Total</b>	<b>1481</b>	<b>1074</b>	<b>407</b>	<b>250</b>	<b>42</b>	<b>130</b>	<b>674</b>	<b>204</b>	<b>267</b>

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- **IEC staff produced** 2,000 leaflets and photo copied another 3,000 to be distributed both in the hospital and in the community. Posters promoting the VCT Center have also been placed in the hospital.
- **A record keeping system was developed** with the assistance of FHI in order to ensure anonymity of clients and complete reporting for monitoring project progress.
- **An external international consultant** made an assessment visit of the VCT Center in June 2003.

### Lessons Learned

- **When funds are not released on time** the implementation schedule cannot be met, delaying the development of much needed services to the public. Due to a new procedure within the MOH there was slow movement of money through the MOH system. Bach Mai Hospital had to supplement with their own funding and wait for the release of the official project funds, in order to carry on with the VCT implementation activities.
- **APD Care and Support Technical Officer time** can be used more effectively if the project schedule is met.
- **Advertising of such a Center** should be undertaken from the beginning of the

Video library at the  
VCT Center.



services. To avoid being overwhelmed with clients in the first few months, while VCT staff developed their skills, the VCT center was not advertised outside of the hospital. This possibly attributed to the low attendance in the first months. The SARS outbreak in Hanoi, with patients treated at Bach Mai Hospital, also had an effect. However, advertising was conducted at a later date both within the hospital and in the community. The daily number of clients increased dramatically.

- **Obtaining approval for USAID funding** of testing kits can take time. It proved problematic but was later resolved.

## Thai Binh

### HIV/AIDS Prevention and Life Skills for Mobile Youth

#### The Situation

Densely populated Thai Binh cannot provide adequate employment opportunities for all the farmers and young people engaged in seasonal rice farming. This results in temporary out-migration for several months each year for large numbers of people, particularly the 100,000 youth who look for jobs elsewhere. Some of the main destinations include: Ha Noi, Hai Phong, HCMC and Dong Nai provinces. These provinces rank in the top six provinces related to HIV infection numbers and prevalence, out of Viet Nam's 61 provinces. With 1,125 known HIV positive people as of September 30, 2003, Thai Binh experienced fairly rapid increases in the last two years, with most cases reported in young, male IDUs.<sup>1</sup>

So far, Thai Binh has received very little support for HIV/AIDS work from international NGOs or other bi/multi-lateral aid. To make any significant response to the increasing HIV infection rate, technical and financial support from the international community is essential.

## The Project

The Thai Binh Provincial Health Service and the Thai Binh Provincial AIDS Standing Bureau, through the Committee for Non-Governmental Organizations' Affairs approached FHI for technical and financial support. After a number of visits and discussions, FHI agreed to support a year's project implemented by the Thai Binh Health Services, with particular emphasis on the problem of youthful mobile populations and their risk of HIV infection. A needs assessment for mobile populations in Thai Binh was conducted in November 2001.<sup>2</sup> Formative research related to advocacy and BCC materials development was carried out in June 2002.<sup>3</sup>

A pilot intervention for the young mobile population in ten communes with high mobility, that are located in Thai Binh town and Kien Xuong district was completed in February 2003. The target audience was mobile migrants 15-30 years of age, IDUs and people living with HIV/AIDS. The main approach was community-based HIV/AIDS education activities related to the needs of mobile youth. The intervention explored ways in which migrant youth, including IDUs, commercial sex workers and PLWHAs, can be included in activities such as peer education and a support network for PLWHAs in the selected districts. Migrants, non-migrants and families of migrants were also involved in the activities.

Ten self-help groups for PLWHAs were formed, although in the formative research PLWHA and their families seemed to prefer learning more about home care.

The project began March 1, 2002 and was carried out until February 28, 2003. However, new interventions begun in 2003 will continue in Thai Binh Province under a new agreement, which will run through 2005.

## Project Objectives

- To strengthen the awareness and knowledge about HIV/AIDS among the young mobile population in general (including modes of transmission and means of prevention).
- To facilitate behavior change among young people practicing high-risk behaviors, including vulnerable young mobile migrants, IDUs and their partners and PLWHAs.
- To establish a community-based supportive network of PLWHAs in 10 selected communes and wards. This includes home care and support training for PLWHAs and their families.
- To reduce the stigma and discrimination against PLWHAs and their families through peer education and mass media messages.

### PROJECT GOAL

**To contribute to the reduction of HIV transmission through increased practice of safe behaviors among the young mobile population in Thai Binh and to the reduction of stigma and discrimination against PLWHAs.**

## Strategies

### STRATEGY 1

**To develop an advocacy strategy** and carry out activities for advocacy among local political, social, law enforcement, health officials and community leaders for public health approaches to HIV/AIDS prevention, especially for mobile youth.

1 Thai Binh PASB Newsletter, September 30, 2003

2 Beesey, Alan et al "Mobile Population Assessment in Dong Nai, Hanoi and Thai Binh: Implementation for HIV/AIDS Prevention and Care Interventions." FHI, Hanoi, November 2001

3 Tran Minh Gioi, "Formative Research on HIV/AIDS Related Issues in Mobile Workers in Thai Binh as the Basis for Advocacy and BCC Materials Development." FHI Viet Nam Office, June 2002

## STRATEGY 2

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**To develop community-based HIV/AIDS education** and communication activities to create HIV/AIDS dialogue in the community and to promote service-seeking behavior for STIs. To promote safe sex practices including condom use, and risk reduction for IDUs such as using disposable needles and avoiding needle sharing.

## STRATEGY 3

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**To provide community-based care and support** by setting up a network for PLWHAs through the model "Friends Helping Friends" peer support groups.

### Activities

**A variety of activities were implemented addressing mobile youth**, including an assessment of attitudes and concerns and current HIV/AIDS activities as a basis for advocacy. In addition, advocacy meetings and training were conducted for grassroots leaders for the promotion of public health approaches to HIV/AIDS prevention and care. Further activities encompassed training of trainers to train communication teams, the development of HIV/AIDS communication teams aged 18-25 selected from mass organizations in the commune, and the formation of Friends Helping Friends groups for PLWHAs. FHI supported the development of BCC materials for mobile youth, such as safety kits, (fact sheets and leaflets to introduce public health approaches such as BCC, peer education and risk reduction). Other activities were developed as the project evolved.

### Achievements

- **500 officials in 10 communes and wards** were introduced to the project.
- **The situational analysis survey and report**

were completed and synthesized.

- **Key messages from this report** were formed for further discussion.
- **The UNICEF Life Skills curriculum**, in Vietnamese, was sent to the province for consideration for application. Materials were collected for adaptation of this work.
- **A variety of books on HIV/AIDS and sexual health**, produced by PATH Canada were sent to the province for use.
- **Four HIV/AIDS prevention and education training courses** for 400 health care workers at communal, district and provincial health centers and the general hospital were held.
- **Meeting-houses were upgraded** for the ten Friends Helping Friends groups in two communes.
- **The leaders of the Friends Helping Friends groups** were trained in HIV/AIDS knowledge and information.
- **Local authorities and families of HIV positive people** have attended six meetings for PLWHAs and two discussions on HIV/AIDS management, care and counseling.
- **Several hundred HIV/AIDS educational and information sessions** were held in communes.
- **More than 100 peer educators** were trained in Thai Binh Province.
- **HIV/AIDS communication networks** covering 10 communes with 135 villages were established. Over 40,000 Thai Binh youth have been reached by the intervention.
- **A fact book on HIV/AIDS prevention for mobile youth** was produced with FHI technical assistance.

- **Increased involvement of and capacity building among** local journalists and reporters on issues related to HIV/AIDS occurred.

- **The project completed:** 3 Television programs on HIV/AIDS prevention; newspaper columns; 500 posters; photographs for new BCC materials; distribution of 200 shirts and 100 bags for 100 peer educators.

## Lessons Learned

- **Local authorities and mass organizations** need to be motivated to become the leaders of such a project.

- **Contacting people at high risk for HIV/AIDS** can be very difficult due to the illegality of many of their activities. The general mobility makes it difficult to conduct BCC work with this population.

- **It is not easy to conduct counseling and communication activities with mobile people** as they often leave the province without registering with the local authorities. This makes it difficult to identify who belongs to mobile groups and who does not.

- **Training courses on "How to Make Contact with People at High Risk for HIV/AIDS"**, run by FHI would be useful. Written materials around this issue would also be helpful.

- **Stigma against PLWHAs** deters management, care and counseling for HIV positive people.

- **Communication activities** must also be provided for the families of target group members.

- **Training in HIV/AIDS prevention** needs to be better prepared in order to be more effective. Sufficient time should be allotted

for training workshops. So far, the time allocated for training has been very limited with too many topics covered in each short workshop.

- **Thai Binh AIDS Standing Bureau** has fewer physical resources and less training in "participatory methods" than other PASBs and FHI should support with needed training and equipment provision.

- **The project must be complemented by convenient supportive services**, such as counseling, distribution of risk reduction supplies such as condoms, and HIV/STI tests for the target groups.

- **Improvement of collaborator networks** is essential.

- **Technical assistance and quality control from FHI** is necessary to ensure that BCC materials and project activities are carried out effectively with well-designed and appropriate information for young mobile populations.

- **To ensure greater involvement of, and mobilization from, communities**, continued advocacy is necessary. Involving the communities will help reduce stigmatization of HIV/AIDS as a 'social evil'.

- **The working approaches of mobile communication teams and the frequency of their meetings** with the community should be improved. This will help guarantee that HIV/AIDS key messages and information can more fully reach the target audience.

- **Staffing shortages at FHI** made it difficult to provide adequate monitoring and technical support to the Thai Binh PASB. These shortages need addressing in order to expedite implementation of the project, as well as ensure work quality.

## Dong Nai

### Risk Reduction Through Peer Education in 05/06 Rehabilitation Centers

“ I never thought I could have so much confidence. ”

A female resident performer, the day after the performance.<sup>1</sup>

“ I think you are professional performers, not center residents, aren't you? ”

Comment by a nursing student to one of the troupe members.<sup>2</sup>

#### The Situation

Dong Nai is a province with a large number of IDUs and a growing government 05/06 rehabilitation center population. The Xuan Phu center is much larger than the Phu Tai Center in Binh Dinh. As of June 2003, Xuan Phu center had 492 residents. Of the 492 residents, 439 were IDUs and of this total, 426 were male. Also included in the total residents were 53 female sex workers. 13 of the IDUs were FSWs, making a total of 66 sex workers at the center.

Xuan Phu is a poorer center than the Binh Dinh center, with a lack of good furniture and equipment. With the new law on extension of rehabilitation periods to two years for each IDU resident, the thirty-five staff provided are too few. These staff members also do not possess the necessary skills to cope with the needs of people who are HIV positive. This means training in care and support for people living with HIV/AIDS is essential for staff and residents.

An assessment of the HIV/AIDS prevention activities already carried out at the Xuan Phu center showed that center staff

were very interested in developing work that supports HIV/AIDS prevention and care and support for HIV positive residents.

#### The Project

In Dong Nai Province, FHI supported a project similar to the one carried out in Binh Dinh rehabilitation center. The work within the Xuan Phu 05/06 Rehabilitation and Vocational Training Center in Dong Nai was implemented by the Dong Nai Provincial AIDS Standing Bureau. The project, begun in March 2002, was to be completed in February 2003, but under a no-cost extension ran through August 31, 2003.

Important aspects of the project were the training in methodology and development of other skills in how to carry out educational activities. Center staff and residents acquired these new skills in active communication training and peer education skills building workshops. The center staff and PASB now work with HIV/AIDS prevention and care and support, as well as carry out their work in detoxification, in the center.

#### Project Objectives (Strategies)

- **Create a supportive and enabling environment** for behavior change communication to be used as a new and primary way for conveying the key health messages to and among the resident, about HIV/AIDS prevention, care and support.
- **Facilitate as much as possible** the active participation of the residents themselves in the training and learning process.
- **Strengthen care and support activities** for the residents living with HIV/AIDS.
- **Strengthen the roles of government bodies and community** in helping the

residents to re-integrate into the community upon release from the 05-06 Center.

### Activities

The activities are similar to those in the Binh Dinh 05/06 Rehabilitation Center project. (See Chapter 3)

Specifically, the Dong Nai project planned and carried out the following activities:

- **Advocacy meetings** with local authorities.
- **Study Tour to Phu Tai 05/06 Center in Binh Dinh:** Provincial authorities, Center staff and residents took part in this study tour.
- **Provision of facilities for educational entertainment activities:** These facilities were provided at the center.
- **Development of needs-based training curriculum and materials:** These were developed for both center staff and residents.
- **Establishment of and training for the Core Communication (Performance) Group (CCG):** Both staff and residents were included in the CCG.
- **Design and production of BBC materials:** These materials were used in BCC training and peer education work inside the center.
- **BCC training activities:** These activities were carried out inside the center on a regular basis and run by the CCG.
- **Drama Performances:** Dramas were written and performed by the resident peer educator performance troupe,

### PROJECT GOAL

**To improve HIV/AIDS awareness and knowledge and to promote safe behaviors concerning HIV/AIDS prevention among residents of rehabilitation centers, through public health approaches (risk reduction).**

both at the center and in the community.

■ **Social and cultural HIV-related events:** The project created these events, focusing on HIV/AIDS, both inside and outside the center as part of the BCC program.

■ **Reintegration of residents into the community:** Preparation for and support of the community

reintegration of selected residents was engaged in by the project, but with limited success.

### Achievements

- **An initial situational assessment** was conducted, related to the needs for activities with the mobile population in Dong Nai, the site of many industrial zones.
- **In May 2002**, an assessment was completed on the HIV/AIDS prevention activities at the Xuan Phu Rehabilitation and Vocational Training Center, in preparation for capacity building and peer education activities.
- **A good collaboration** developed between the PASB, DOLISA, the Preventive Medical Center, the Xuan Phu 05/06 center and FHI staff and consultants.
- **Representatives of the above stakeholders**, including residents of the 05/06 Center, traveled to Binh Dinh to learn from the experiences of the Phu Tai Center. It was exceptional that Center residents were asked to join the study tour.

- **In July 2002**, Center staff traveled to Can Tho to learn from the Women's Health Club and the workplace peer education program at Tay Do Company (garment factory). The experience deeply impressed the participants and they requested more opportunities to exchange ideas and information with other FHI-supported projects.
- **Two training workshops in drama and peer education** were completed for 34 center staff, DOLISA and Preventive Medical Center staff and 50 center residents in June and August 2002
- **A Core Communication Group of 27 members** (performers) was established and the participants trained.
- **Posters, billboards and leaflets** were designed and disseminated.
- **The first drama and musical performance at the center** was enormously successful because it brought local

“**When my mother offered me flowers,** it was too much. I sang just for her.”

A center resident performer

authorities, community members and families of center residents into the center as part of the audience. All participated whole-heartedly and provided esteem raising positive feedback to the players.

- **Drama and musical performances** were carried out for the Medical College and Nursing School to help educate medical and nursing students to the reality of drug use and to HIV/AIDS prevention messages and methods. This collaboration between the center and the Medical College was a breakthrough.
- **A performance on “Shared education and community activities on HIV/AIDS prevention”** was undertaken by the core group from the 05/06 center and

“**If we use the time when the residents live in the center, trying our best to be creative,** the education will be more useful to them than it would have been if they received it in their “outside” life. This is a favorable opportunity to communicate and educate about prevention and risk reduction, related to HIV/AIDS.”

The workshop trainer, after a peer education workshop in Dong Nai

neighborhood teams (May 22, 2003). Another drama was performed in Bien Hoa in May 2003.

- **This is the first time that the center was able to offer musical shows and sports activities for residents.** With FHI support the center purchased books, musical instruments, acoustic equipment and set up an Education Room. Before this “residents, after work hours, went to their rooms.”
- **World AIDS Day 2002 and 2003:** the performance group presented in Bien Hoa and several surrounding districts.

The center definitely shows its enthusiasm for the project work and each activity creates a more positive spirit for staff and residents alike. New ideas were received easily and it seems they were applied.

## Lessons Learned

- **Dong Nai authorities and institutions** were important participants in this project due to their strong support.
- **Lessons learned from the Binh Dinh**



project activities and the help given by experienced trainers contributed to a smooth beginning for the Dong Nai project.

- **This model and its approaches** were new to Dong Nai province but well received after collaborative planning between community, center authorities and project staff.
- **Residents participating as peer educators** work extremely well on implementing activities of this type, especially when they are HIV+ people.
- **Core Communication Group members and peer educators** quickly became proactive in helping to plot the direction of the project work. The CCG asked the center staff to meet conditions that they considered essential to the success of what they were being asked to undertake. The center staff agreed.
- **HIV/AIDS education is actually more effective for the IDUs and FSWs** during the time they are within the center, than it would be outside because they focus on the training and apply it immediately, to their lives at the center.
- **Families of PLWHAs, drug users and female sex workers** proved to be great supporters of a participatory educational entertainment-based project.
- **Differences in residents' backgrounds** and their level of understanding of the methodology and its value make training demanding and complicated.
- **The project will need to run much longer than the currently**

**proposed time line** in order to have maximum effect.

- **To be most effective**, the project should include exposure to training on workable, practical experiences related to community reintegration of residents.

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## Ho Chi Minh City

### HIV/AIDS PREVENTION AND CARE PROJECT IN HO CHI MINH CITY FOR THE PERIOD OF 2003-2005

Implementation of Interventions and Expansion for Impact

#### The project

A Partnership Agreement was signed in June of 2003, with the Provincial AIDS Committee of HCMC, to initiate FHI supported HIV/AIDS intervention activities for Phase III. The project agreement is for a three year (2003 – 2005) project of FHI/IMPACT support to Ho Chi Minh City for HIV/AIDS prevention and care.

As stated earlier, HCMC is one of the loci of the AIDS epidemic in Viet Nam. HCMC also has the highest number of reported HIV cases and accounts for 18% of the total HIV reported cases of the country. HCMC was selected for project interventions based on several factors. It is high ranking in HIV prevalence; it has strong teams capable of responding to the epidemic; it is geographically situated in the Southern region of the country; and sex work, injecting drug use, and vulnerable mobile populations are prevalent in HCMC. Despite government, and international

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**“I tried to do well for my family.** When Thang’s father gave me flowers I was so moved I wanted to jump into the audience.”

A female performer, Dong Nai 05/06 Center

non-government organization funding and involvement in HIV/AIDS programming, current funding is inadequate to meet the prevention and care needs of the city.

As the AIDS epidemic increasingly enters the general population through sexual transmission, promoting prevention behavior among vulnerable populations becomes more critical. FHI intends to work with these vulnerable populations in HCMC. Men who have sex with men are among the most vulnerable to contracting HIV and contributing to its spread. The University of California San Francisco has previously developed a program in HCMC working with men who have sex with men and FHI now supports the continued activities of this project. In addition to other men's peer education intervention activities (similar to those implemented in other provinces for mobile men and men in the workplace), FHI will support an Anonymous Testing Site for HIV/AIDS/STIs in Ho Chi Minh City

This prevention and care project in HCMC also places significant emphasis on working with other populations with high risk behaviors such as male and female injecting drug users and sex workers. In addition, the project will carry out interventions that provide care and support for people living with HIV/AIDS. FHI will also continue supporting local capacity building.

### **Project Goals<sup>1</sup>**

#### **INTERVENTION 1 Men's Intervention**

**Goal:** To reduce HIV risk for men in high-risk groups and men in the general population in selected areas and districts of HCMC.

#### **INTERVENTION 2 Women's Intervention**

**Goal:** To reduce HIV risk for women in high-risk groups in selected areas of HCMC.

**INTERVENTION 3 Care and support for PLWHAs and anonymous counseling and testing center (ATS).**

**Goal:** To develop and support community-based care and support activities for PLWHAs in HCMC (network referrals and linkages), and support for ATS.

#### **INTERVENTION 4 Support for local capacity building with HIV/AIDS Research and Training Center in HCMC.**

**Goal:** To strengthen capacity of HIV/AIDS officials and AIDS workers in HCMC.

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## **FUTURE DIRECTIONS FOR THE PROJECT IN PHASE III 2003-2005**

**Phase III of the FHI Viet Nam IMPACT Project began in 2003** and is entitled "HIV/AIDS Prevention and Care in Viet Nam: Scaling-up for Impact (2003-2005)!"

### **Project Strategies<sup>2</sup>**

#### **STRATEGY 1**

Strengthening capacity of the MOHAIDS Division, Provincial AIDS authorities, local NGOs and other FHI/IMPACT implementing agencies in HIV/AIDS/STI prevention and care

#### **STRATEGY 2**

Developing and expanding coverage of effective behavior change and HIV/AIDS/STI risk reduction interventions in FHI/IMPACT focal provinces, especially among vulnerable groups (e.g., IDUs and FSWs and their sexual partners, and MSM);

#### **STRATEGY 3**

Developing and supporting implementation of community-based care and support

interventions and materials for PLWHAs and their families/care-givers in FHI/IMPACT focal provinces, and linking them to other appropriate HIV/AIDS/STI prevention and treatment services.

## Growth, Expanding Prevention Interventions for Impact, Care and Support for PLWHAs, and Capacity-Building

The FHI/Viet Nam IMPACT program funded by USAID, for HIV/AIDS prevention and care in Viet Nam continues to expand rapidly in terms of scope, budget and geographic coverage. The annual budget has grown from about \$500,000 in FY 1998 to over \$3,000,000 for FY 2004. FHI staff has increased as well, with technical and program staff possessing skills and experience in BCC, BSS, VCT, monitoring and evaluation and risk reduction. Recruitment is underway for Vietnamese and international expertise in care and support and treatment for HIV + people.

In Phase III, partnership agreements were signed in Hai Phong, Can Tho, HCMC, Thai Binh and Ha Noi by FHI and the Provincial People's Committees or Provincial Health Services, during March-May 2003. These agreements are for interventions to provide support for an expanded response to the HIV/AIDS epidemic in those provinces. The interventions include both prevention and care and support activities.

As of 2003, FHI completely phased out of supporting any work in Tay Ninh and Quang Tri, and has only specialized interventions or BSS surveys underway or planned for four other provinces (Binh Dinh - 05/06 Center, Dong Nai - 05/06 Center, Cam Pha/Quang Ninh - IDUs, and Da Nang - BSS).

### PROJECT GOAL

**To complement, supplement and scale-up ongoing HIV/AIDS prevention, care and support activities in conjunction with project partners to reduce the spread of the HIV/AIDS epidemic in the country and provide appropriate care and support services for those infected and affected by HIV/AIDS.**

The MOU between FHI and the MOH provides for national level activities in BSS, second generation surveillance, VCT, capacity building, monitoring and evaluation and dissemination.

### Prevention Activities

During Phase III, the project primarily focuses on expanding successful prevention interventions piloted during Phase II, for a wider demographic and epidemiological impact in the focal provinces. New initiatives under Phase III, which are closely linked to prevention work in the focal provinces include the introduction of practical care and support interventions and services for HIV + people in the community, through home-based care. FHI supports this work through activities with HIV positive IDUs and sex workers in 05/06 rehabilitation centers and clubs/drop-in centers using mass media BCC, condom social marketing, and peer education in the community, especially at hot spots for high risk behavior. Prevention work will expand for mobile youth in Thai Binh, for mobile men, men in the work place, and men in the general population in Hai Phong, Ha Noi, Can Tho and HCMC, for female sex workers in Hai Phong, Can Tho and HCMC, and for IDUs in Hai Phong, Can Tho, and Cam Pha/Quang Ninh.

In July-August 2003, ethnographic research studies were conducted related to male and female IDUs, PLWHAs and female sex workers. This information enables project partners to better understand the life situations, circumstances, needs, and risk-behavior situations of various target populations. These populations include male and female IDUs, sex workers, men who have sex with men, mobile youth and HIV positive people. Additional information to be collected will be fed into the design of interventions that will help improve the services and BCC materials developed for these vulnerable population groups.

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### IMPROVING SURVEILLANCE

FHI will continue to support and fund BSS Rounds III and IV in 2004 and 2005, respectively. FHI will also support efforts to improve HIV sentinel surveillance and second-generation surveillance (SGS) activities (including improved estimates and projections of the epidemic). The BSS will be used to monitor exposure to FHI-supported interventions. It will also track behavior changes in BSS cities and provinces that are also FHI focal provinces (Can Tho, HCMC, Hai Phong and Ha Noi).

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### CAPACITY-BUILDING

To ensure greater sustainability of both prevention and care efforts in Viet Nam, FHI is further expanding its financial and technical support for critically important capacity-building efforts at the national and provincial levels. FHI is also giving greater support in both HIV/AIDS technical and program management areas (VCT, risk reduction, BCC, BSS, SGS, HIV estimates and projections, peer education and life skills training, program design and manage-

ment, monitoring, reporting/MIS and evaluation). Capacity building efforts will also include support for training of FHI Viet Nam's local staff, implementing agencies and emerging local NGOs.

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### BEHAVIOR CHANGE COMMUNICATION

BCC activities made up a significant part of work conducted in Phase II and will continue to be an important part of the projects in Phase III. The BCC messages and activities are fundamental tools in the dissemination of HIV/AIDS prevention and care education, bridging the gap between vulnerable groups and the community. In addition, government authorities increasingly recognize the critical role of BCC in HIV/AIDS preventions. This BCC includes both the mass media and interpersonal communication through peer education.

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### CARE AND SUPPORT

In Phase II, with FHI support, the MOH/NASB and Bach Mai Hospital established the first free and anonymous counseling and testing center for HIV in Ha Noi, at Bach Mai Hospital. The numbers of people coming to the center for counseling and testing has increased substantially. Within Phase III, in 2004, FHI will begin supporting the first anonymous counseling and testing site in HCMC (established by CAPS in 2001). FHI will also support training and interventions for community and home-based care and support for PLWHAs in several FHI project provinces. A sub-agreement with COHED, a local NGO, provides for design and implementation of a coordinated and systematic care and support training model for five FHI-supported

provinces. A particularly important component is one that features training for HIV + people in how to care for themselves and others.

Currently, FHI care and support interventions include: the publication of a Vietnamese language translation and adaptation of "Living with HIV/AIDS in the Community"; STI skills training for private physicians and pharmacists and the provision of limited first-aid, health exams and STI screening/referral for sex workers at the Women's Health Club in Can Tho and the IDU drop-in centers in Hai Phong and Quang Ninh. Future care and support activities will be more coordinated and comprehensive, based in networking with other organizations that provide complementary programming and focused on capacity building.

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## GEOGRAPHIC FOCUS

Hai Phong and Can Tho remain key focal provinces in Phase III, but new FHI-supported prevention and care work is being initiated in HCMC as a new focal area. Interventions in HCMC include support for the anonymous counseling and testing site, care and support activities for PLWHAs, interventions for women including sex workers, and men's interventions. The men's interventions involve peer education and mass media activities targeting men in the general population and at the work place. There is also a men's sexual health intervention related to HIV/AIDS prevention, including establishing outreach services and referrals for men who have sex with men.

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## CONDOM SOCIAL MARKETING FOR HIV/AIDS PREVENTION

Throughout all three Phases of the FHI/IMPACT HIV/AIDS Prevention Projects

in Viet Nam, support for condom social marketing for HIV/AIDS prevention (through DKT International) has been an essential component. FHI will continue to support DKT to expand its social marketing of condoms for HIV/AIDS prevention in non-traditional outlets (bars, karaokes, hotels, truck stops, and massage parlors). In addition, condoms will be marketed and promoted through national and regional advertising, media and social events and through condom distribution. DKT staff will lead social marketing training for participants in FHI-supported prevention interventions in Hai Phong, Can Tho, HCMC, Thai Binh and Ha Noi. DKT will also work with FHI Viet Nam and its partners in implementing the training about, and introduction of, female condoms and lubricants for HIV/AIDS prevention interventions in selected provinces. Female sex workers and MSM are the target groups for these latter two products.

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## COLLABORATION WITH OTHER ORGANIZATIONS WORKING IN HIV/AIDS PREVENTION AND CARE

FHI Viet Nam will continue to play a key role in dialogues on improving HIV/AIDS program work, national strategic plans and necessary policy changes relating to HIV/AIDS in Viet Nam. FHI has been a leader in the HIV/AIDS Technical Working Group (TWG) of over 50 organizations and individuals working on HIV/AIDS in Viet Nam. During the first six months of 2003 FHI Viet Nam's Country Director, Thomas Kane, chaired the TWG. Within that group, FHI Viet Nam participates actively in the Sub-Groups on GIPA, Harm Reduction, and Treatment, Care and Support. FHI participates in MOH, UNAIDS and UNDP co-sponsored activities related to HIV/AIDS Strategic Planning, bi-annual Donor Con-

sultative Group Meetings, and Ministry of Health and National Assembly sponsored seminars and conferences on HIV/AIDS. FHI Viet Nam also reviewed and provided input for various drafts of the National AIDS Strategy completed in 2003.

In addition, many of the interventions supported by FHI share ideas, training and materials with the interventions of other international and local NGOs. In particular, FHI works closely with other organizations interested in developing joint materials used in care and support and outreach activities.

It is anticipated that FHI's USAID budget and its program activities will continue to expand even further in 2004 and 2005. Where ever possible, evaluations will measure the effectiveness, quality and impact

of the Phase III intervention activities. The evaluations will fully document the interventions' work and identify lessons learned. They will then be disseminated to all relevant stakeholders. These steps will help ensure program improvements. If the interventions are successful, this process will assist FHI and its partners to consider interventions for replication in other geographic areas.

It is hoped that cumulatively, FHI's efforts, along with those of the government of Viet Nam, other international NGOs, local NGOs and mass organizations, will contribute to a measurable and substantial positive change in HIV/AIDS risk-behavior in targeted geographic areas. This change will contribute to a reduction in HIV infections.

C H A P T E R F I V E

the 1990s, the number of people with a mental health problem has increased in the Netherlands. The prevalence of mental health problems in the Netherlands is estimated to be 15% (Van Tilburg *et al.* 2000). The prevalence of mental health problems is expected to increase in the future because of the ageing of the population (Van Tilburg *et al.* 2000).

People with a mental health problem are often dependent on others for their daily needs. This dependency is often caused by cognitive and/or physical impairments. People with a mental health problem often have a low income and are often dependent on others for their daily needs. This dependency is often caused by cognitive and/or physical impairments. People with a mental health problem often have a low income and are often dependent on others for their daily needs.

The Dutch government has a policy to support people with a mental health problem. This policy is based on the idea that people with a mental health problem should be supported in their own homes. This support is provided by mental health care providers. Mental health care providers are responsible for providing support to people with a mental health problem. This support is provided in the form of home care, day care, and residential care.

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## CHAPTER FIVE

# Partnerships and Systems

### Working with Partners

One of the most important areas of activity during Phase II relates to the relationships between project partners. All those involved in the projects have learned a great deal about how to develop effective and productive working relationships. Partnership implies equality, cooperation and committed efforts to assure that the work proceeds and succeeds. In this project, all of these components have been developed through diligence and commitment.

#### PARTNERSHIP HAS BEEN ACHIEVED ON SEVERAL LEVELS

Between USAID and FHI, FHI and the NASB and MOH, between FHI and provincial HIV/AIDS authorities (PASBs, Provincial and District Health Departments), between the provincial implementing agencies and the local authorities who approve, support and become invested in the local projects, and most notably between all of the above and the target groups.

#### USAID AND FHI

Since this project is the first large USAID supported HIV/AIDS project in Viet Nam the relationship between donor and international NGO proved important. Although USAID did not yet have an office in Viet Nam, the agency began financial support to HIV/AIDS programming in 1998, through FHI, after the first US ambassador was in place. FHI, a long-time partner of USAID in many other countries, earned the right to oversee the first USAID funded HIV/AIDS project in Viet Nam. In 2000, USAID opened a country office in Ha Noi; the Deputy Program Manager who oversaw health related programs became a natural and positive

partner to FHI Viet Nam. Flexibility and broad vision aided both partners as the project developed. The relationship continues with the new USAID Health and Humanitarian Assistance Program Manager in Ha Noi. USAID has provided guidance to the FHI Vietnam program through its five-year strategic HIV/AIDS planning document,<sup>1</sup> the MOU between the MOH and USAID for work in Vietnam (2003-2008)<sup>2</sup> and regular interaction with FHI.

#### FHI AND THE NASB

The partnership between FHI and the NASB was built over many months prior to the signing of the first MOU in May 1998. The relationship was not always easy and



<sup>1</sup> Parsons, J., et al, "USAID/Viet Nam. Five-Year HIV/AIDS Framework", USAID, June 2001.

<sup>2</sup> Memorandum of Understanding between Ministry of Health Socialist Republic of Viet Nam and United States Agency for International Development for an HIV/AIDS Prevention and Care Program in Viet Nam 2003-2008. Signed September 9, 2002.

much learning took place in the year leading up to the MOU signing. Negotiations for the signing required much patience and clear communication. During this time clarification and restatement of ideas was often necessary.

The fact that specific NASB staff members were responsible for collaboration with FHI was important. This meant that capacity building could be directed to those staff members whose work had the greatest effect on the project. With FHI support, the NASB staff participated in many nationally and internationally based capacity building activities throughout Phase II. In the BSS work, in particular, the partnership was very clear and strong and the additional partner, NIHE complemented the team effectively.

The systematic process for project design and implementation developed between FHI and NASB contributed enormously to the success of Phase II. Most activities began on time, progressed continuously, grew and succeeded. The partners can be proud of the accomplishments achieved in Phase II.

#### **FHI AND THE MOH**

In Phase III, the NASB has been absorbed into the MOH Division of Preventive Medicine and AIDS Control. As a result, the MOH and FHI will sign the MOU for Phase III and the details of how the relationship will develop are delineated in that document.

#### **FHI AND PROVINCIAL HIV/AIDS AUTHORITIES**

The ability of FHI to work directly with PASBs, Provincial Peoples' Committees and Health Departments may be the most important factor leading to project success. By encouraging decentralization, developing and signing sub-agreements with provinces, and providing extensive training, technical assistance, supervision and monitoring to local levels of the pro-

ject, FHI's impact on HIV prevention and care has maximum value. The provincial skill levels increased exponentially during Phase II. Technical assistance provided by both FHI's ARO and the FHI Viet Nam office, through international and local staff, led to results far greater than anticipated by planners. The energy and commitment of provincial level participants proved invaluable. Project implementation by the provinces, with continuous support and monitoring by FHI staff and consultants, produced high quality products which other provinces are now replicating.

An important component of this partnership is the use of FHI provincial Project Assistants in each province. This person's role is discussed later, as it remains extremely important to effective implementation.

#### **PROVINCIAL IMPLEMENTING AGENCIES AND THE LOCAL AUTHORITIES**

This report has previously stressed the importance of the role of community authorities as local partners and participants (See Chapter 2). In every province, as the assessments, the planning and the implementation proceeded, it became very clear that without the investment of local authorities (the police, Department of Social Affairs, Peoples' Committees, The Women's Union, the Youth Union, Labor Unions, the Peasants' Union and the Fatherland Front, among others), the project could not move forward effectively. Advocacy meetings provided a basis for education and clarification, continued throughout Phase II and, now, into Phase III.

Most of the community authorities have become avid supporters of, and participants in, project activities. Additional work remains to be accomplished in securing partnerships with the police, in particular, related to the provision of permission and safety for project participants in new interventions. Sex worker and IDU outreach

workers, as well as non-traditional condom outlet owners continue to require more support from the police, in most localities.

### TARGET GROUPS AS PARTNERS

A most remarkable result of project activities is the extent to which the target groups become active planners, implementers and participants. IDU ECHO peer education models in Hai Phong and Cam Pha and Binh Dinh and Dong Nai 05/06 Rehabilitation Center interventions actively involved IDUs, CSWs and PLWHAs in implementation of HIV/AIDS education activities. Many female sex workers, IDUs, factory workers, motorcycle taxi drivers, barbers and others have, through training and activity, become effective community workers and peer educators. For the first time in their lives, they have opportunities to carry out socially helpful activities, and prove that working with peers succeeds and offers new hope. Many of these partners' lives have changed immensely as a result of the FHI supported HIV/AIDS prevention and care projects in Viet Nam.

FHI Viet Nam has developed a GIPA strategy to meaningfully involve PLWHAs in the design, implementation and evaluation of FHI Viet Nam's and its Implementing Agencies' programs and interventions. FHI/VN also supported a GIPA study in which PLWHAs served as the interviewers and researchers conducting it. Other PLWHAs were the respondents.

### THE VALUE OF THE FHI PROVINCIAL PROJECT ASSISTANTS

In preparation for a project in many provinces in Viet Nam, FHI realized that it would need staff based in each project province. In response, Provincial Project Assistants were hired in the original four focal provinces: Hai Phong, Binh Dinh, Can Tho and Quang Ninh. Later, the same positions were added in Thai Binh and HCMC and recruitment is under way. These staff

members became the core that guaranteed that FHI management would be able to communicate quickly with partners and other project players in the field. With their fingers on the pulse of the project at the provincial and lower levels, the Project Assistants are responsible for monthly and quarterly reports on the progress of the project activities in their province. They are always in direct contact with the Program Officers in the FHI Ha Noi office and, as a result, problems can be solved, and good news delivered, more quickly. They also assist the PHS/PASB in setting up training, site visits and study tours involving provincial project staff, counterparts and national or international delegations, donors and consultants.

### Lessons Learned

- **Even a complicated management structure** can be successful when communication channels remain open.
- **While more complex, partnership-based management can be balanced in equality**, continuous discussion and open-minded consideration of all ideas and needs are fundamental.
- **It is essential to have FHI staff in provinces**, as this contributes to accurate and facilitated communication between FHI and the implementing agencies, FHI and the communities.
- **Decentralization works.** The most efficient and effective management process evolves when FHI makes direct contact with the provinces in which the projects are implemented. This level of partnership is essential to carrying out the work plan on schedule and successfully.
- **Continuous capacity building for national level and provincial partners,**

as well as FHI provincial staff, contributes greatly to the project's ability to reach both short and long-term objectives. In addition, training and other capacity building project activities increase skills that can be applied to other community development programming, in the future. This is the long-term legacy of the project, for Viet Nam.

- **Active involvement of vulnerable groups** (IDUs, CSWs, mobile men, PLWHAs) in HIV/AIDS prevention and care work helps to ensure success. It also reduces stigma towards and discrimination against PLWHAs, in the community.

## Meeting the Needs for Systems and Managerial Improvements

As in any project, there were several areas of improvement necessary by the end of Phase II and easily achieved in Phase III. Many of these issues have been discussed in this report and are already being addressed.

### STANDARDIZED BCC MATERIALS DEVELOPMENT SYSTEM

Under the plan for decentralization of BCC materials development, the project creates many new materials both at the provincial, community and FHI office level. This is positive and many of the pieces are effective and well done. However, the project lacked a well-organized system for overseeing the production of the materials during the first two phases. As a result, some of the materials have been developed without crucial review prior to publication. For example, some of the "real stories" do not illustrate roads to behavior change effectively. A materials development check list created by the FHI APD BCI

Technical Officer, needs to be further developed, adding more specific steps of the necessary process. This checklist will most likely eliminate some issues related to BCC material development. These protocols and increased attention to the need for the Technical Officer to sign off on all materials should improve production. This process can reduce the number of times materials are published which do not meet the standards required by the project.

In Phase III a BCC Unit has been established, with the APD BCI Technical Officer and two national Program Officers working on all BCC issues. All new sub-agreements include the process of devising and implementing a BCC Strategy for that sub-agreement work. This BCC strategy will be managed by the BCC Unit and Project Monitors.

In addition, the BCC unit is devising a system for collecting and cataloguing all the materials developed, with samples to be kept at the FHI Viet Nam office.

### STANDARDIZED MONITORING SYSTEM

While monitoring has taken place on several levels: the Inter-Ministerial Monitoring Team, FHI staff, and Provincial authorities, the process will benefit from the oversight of the new FHI Viet Nam Monitoring and Evaluation program officer. Extensive monitoring has occurred, however the results are not uniformly collected and filed in one place. This makes it very difficult to easily obtain an overview of the data and reports that may be available. As the program continues to expand in Phase III, it will be even more important that FHI has more regular monitoring visits and better organized access to the results of monitoring activities and data collection records. Then, it will be simpler to systematically follow-up on how recommendations are being addressed. Monitoring forms and reports are in the process of being standardized across

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all activities so that results can be collated and compared, as appropriate. Also, monitoring information documents will be made available in a centralized storage area so that information is readily accessible.

#### IMPROVED DATA COLLECTION SYSTEM

FHI/IMPACT projects will benefit from the creation of a systematic, comparison-based and well-monitored data collection system. The data collected during Phase I and most notably, Phase II, for implementing activities, is difficult to access. Considerable data exists, although the search for it can be cumbersome and time consuming. In addition, the data collected is uneven and inconsistent. For example, some of the projects have quite thorough and carefully devised data collection forms (i.e., The Women's Health Center and the Drop-in Centers). However, the other projects appear to have initiated and continued activities without the data collection requirements being standardized and recorded. Across the Men's Interventions, for example, it is very difficult to compare the data from each province, as it has not been recorded in the same manner.

In addition, BCC data had to be newly researched by the authors of this report in order to be sure that data was up to date. Few of the FHI Ha Noi Program Officers could provide up to date data as it was not available at the Ha Noi office. In order to gain access to some of the quantitative data needed, the consultants had to send out special request forms to the provinces. This data collection also required follow-up clarification of some of the figures given.

These issues will be rectified by the new, consistent, systematic data collection system that will be used throughout the projects. The new M & E Program Officer has responsibility for organizing this system and has begun the work on it.

#### IMPROVED COMMUNICATION OPPORTUNITIES WITHIN COUNTRY OFFICE

The FHI staff members have needed more opportunities to meet together and discuss their work and its requirements. They require systematic time together, to share experiences and understand each person's responsibilities. This is especially true now as the Phase III staff size has expanded.

The FHI Ha Noi office receives vast amounts of information from its projects. This information is now often shared with select staff, however the increasingly complicated projects require a proficient understanding by all staff, across areas of responsibility. Regular weekly staff meetings, were begun again in January 2003. The greater consistency has made a significant difference. While travel schedules are still very busy there are more possibilities for staff to plan together. Planning days held away from the office during the writing of new sub-agreements helped staff focus on important planning requirements. They also presented opportunities for staff to have concentrated time together. A new monthly Program Planning meeting schedule, started in September 2003 will help to keep the Program Unit staff connected with one another. This will help coordinate sub-agreement development and keep implementation, monitoring visits and other activities on schedule.

#### TRAVEL TIME REDUCTION

FHI Program Officers (PO) experience travel schedules that are both heavy and erratic, affecting their professional and personal lives. Some with families find that they may be unable to plan family activities far enough in advance as project travel plans change quickly and often. In Phase III the number of Program Officers has doubled and is likely to increase even more. Hopefully, this will help reduce the amount of travel that is required of each person. At

the same time, the number of interventions has also increased. As a result, the need for monitoring and TA visits by program and technical staff has also increased.

#### **MORE ADEQUATE COUNTRY OFFICE STAFFING PATTERN**

Viet Nam is a fairly new country in the international development program arena and, as a result, capacity building remains a crucial part of any project's work. That is best done when there are enough people to train and then carry out the work. It is also necessary to have on-site training, mentoring and supervision capability in expatriate positions at this stage of project growth.

In Phase II, FHI Ha Noi Program Officers were overburdened by work, and particularly, by travel schedules. The addition of five new Program Officers, with possibly more to come, has made a big difference. There are also plans to add several expatriate staff positions. The FHI Administration section is also considering adding at least one new position in the near future. The current administration section is well staffed although the needs for the personnel's advanced training can be assessed and supplementary training offered.

#### **EXPANDED INTERNATIONAL MANAGEMENT/TECHNICAL STAFF**

There is an increased need for FHI management capacity as the number of official duties, program sub-agreements and number of staff needing oversight expands considerably in Phase III. The FHI Viet Nam annual budget for 2003 is almost seven times larger than the 1998 budget.

#### **Deputy Director**

In Phase III a new Deputy Director position will be filled. This addition of an international position will support the work of the Country Director. A division of duties will

help address the need for the increased day to day oversight of a much larger project.

#### **APD BCI Technical Officer**

Currently, the APD BCI Technical Officer works at 50% time in Viet Nam, up from 35% in Phase II. As behavior change communication is a core cross-cutting component of FHI supported projects, and is a relatively new concept in Viet Nam, the contributions of this person are essential to the progress of the interventions. Ideally, a full-time FHI Viet Nam International BCI expert staff person is needed at least until the national BCC Program Officers can be well trained to do the bulk of this work. The current time allocation, while an improvement over Phase II, is still not adequate to meet the BCI technical assistance needs.

#### **International Surveillance Technical Officer**

An international HIV Surveillance Technical Officer will oversee and conduct technical training for the BSS Intervention Rounds III and IV, SGS and estimates and projections. Ideally, this person will spend 100% time in Viet Nam. The APD BSS Technical Officer will provide additional assistance as needed.

#### **Care and Support Technical Officer**

In Phase III, the project will hire an international care and support technical officer to help develop and implement a care and support strategy, a myriad of care and support interventions spread throughout the project and training for intervention partners and staff. The primary focus will be on community and home-based care.

#### **Cross-cutting Training Technical Officer**

While, the total project is very dependent upon training inputs and every sub-agreement requires a great variety of training,

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there is no one person, aside from the APD BCI TO, responsible for this area. As a result, there is no well-coordinated training plan for FHI staff or partners. Nor is there anyone able to press for all the needed training components in each activity work plan. The APD will need to assist the FHI Viet Nam office in developing a comprehensive training and capacity building plan for FHI Viet Nam and its IAs. A Vietnamese PO could be trained to assist in this role.

### NEW NATIONAL PROGRAM OFFICERS

#### **Monitoring and Evaluation Program Officer**

In order to focus on the project's many monitoring and evaluation needs, FHI Viet Nam now has a dedicated M&E Program Officer. This PO has already drafted a new M & E Framework for the Viet Nam project. He is currently working on standardized data collection and reporting forms, together with the other POs and the APD BCI Technical Officer. Due to the expanding project, however, the M & E PO will also need to act as Project Monitor for one or two of the interventions. This person will also ensure that project indicators collected correspond to those that must be reported quarterly to USAID's Programmatic Data Base (PDB).

#### **BCC Program Officer**

Another important improvement has been the recruitment and training of two new BCC Program Officers. These individuals work closely with the APD BCI Technical Officer and together they form the BCC Unit for the FHI Viet Nam Office.

#### **Risk Reduction Program Officer**

One of the above BCC Program Officers is also named to work with IDU interventions, particularly those involving female IDUs. Ultimately, there will be one PO 100% dedicated to IDU harm reduction activities.

#### **BSS/Research Program Officer**

A BSS/Research Program Officer is already deeply involved in the completion of the results document for Round II of the BSS and will help carry out Rounds III and IV. This person continues to work closely with the APD BSS Technical Officer and has received more advanced training in BSS work. In addition, he is one of the planners and implementers of ethnographic research in Hai Phong and Cam Pha, related to the issues of injecting drug use. This research was done in preparation for the new interventions for IDUs in these two cities.

#### **Care and Support for PLWHA Program Officer**

The new national Care and Support PO hired in December 2003 will provide guidance and training for, and technical support to, FHI partners working with PLWHAs. This work includes interventions in drop-in centers for IDUs and the Women's Health Club for FSWs and other women's interventions, support for families of PLWHA, clinical care in institutions, home care and participatory training. The PO will work with the BCC Unit on curriculum and materials development and conduct program monitoring of the Care and Support interventions.

The addition of all of these positions will bolster the overall ability of the project to carry out interventions efficiently and successfully.

Annual APD Management Reviews conducted for the FHI Viet Nam office also provide very useful input and lead to annual improvements in the overall program. Addressing the suggestions of the management team leads to improved management of human resources, finances, accounting and sub-agreements, interventions and technical strategies.





# Conclusion

**T**he first case of HIV in Viet Nam was diagnosed in 1990. From 1990 through December 31, 2003, HIV cases have been reported in all 61 provinces with more than 75,000 cases reported throughout the country. However, the actual number of PLWHAs in Viet Nam is likely to be at least three times this number. The epidemic is still primarily concentrated in high-risk groups such as injecting drug users and sex workers. However, there has been a steady increase among the general population. FHI along with their government partners, realize the importance of effective prevention and care programs for HIV/AIDS in Viet Nam.

As FHI and its partners continue to stretch the limits of what is possible in HIV/AIDS intervention in Viet Nam, the Lessons Learned offer a strong foundation for that work. Since 1997-98, when the Vietnamese government invited the first USAID/FHI team to Ha Noi, a successful collaboration has evolved.

The achievements of the Phase II prevention interventions are many and several of the activities such as the ECHO peer education model, work in the 05/06 rehabilitation centers for drug users and female sex workers, and the Women's Health Club in Can Tho broke through traditional barriers.

These interventions provided effective prevention and care work with populations at highest risk for HIV/AIDS in Viet Nam. At the end of Phase II, other new project and non-project provinces requested replication of these interventions and some Phase II partners continue to expand their successful projects, with FHI support.

The Lessons Learned in Phase II make it possible to move more quickly into the continuing and new activities of Phase III. These new activities include the scaling up of prevention interventions and work on care and support for PLWHAs. The Lessons Learned also can be applied to the programs of other organizations as they replicate certain FHI-supported interventions, and develop new ones.

It was clear from Phase II, that giving direct support through sub-agreements at the national level with the NASB, and other subagreements with provincial partners, was an effective and efficient strategy. It greatly contributed to the successful and timely completion of Phase II interventions and capacity-building activities. In Phase III, FHI continues its direct relationship with the MOH for national level activities through an MOU. For provincial-level activities with provincial partners, FHI developed separate cooperation agreements with the provincial People's Committees or their



authorized agencies. Phase III will continue to be one coherent program of FHI support for HIV/AIDS prevention and care in collaboration with the MOH. However, this will be accomplished primarily by FHI working directly with provincial partners through provincial partnership agreements and contracts/sub-agreements. The mechanisms provided by these agreements continue to allow needed flexibility and efficiency.

Phase III of the FHI/IMPACT project in Viet Nam focuses on supporting the scaling-up of successful HIV/AIDS risk reduction interventions in the focal provinces of Hai Phong, Can Tho and HCMC. Phase III also focuses on special interventions (e.g., mobile youth, VCT, MSM, female condoms and lubricants, home-based care for PLWHAS, comprehensive prevention and care model for 05/06 rehabilitation centers) in selected locations.

Additionally, FHI supports continued technical and program management capacity-building at the national and provincial levels, condom social marketing for HIV/AIDS prevention, improving STI diagnostic, treatment and prevention skills and piloting of effective care and support interventions for people living with HIV/AIDS. A pilot project of support for effective delivery of ARVs may also be supported by FHI Viet Nam in the next three years.

By mid-2003, FHI-supported peer education interventions had reached well over 1,500 sex workers, almost 4,000 injecting drug users, over 40,000 mobile youth, and more than 120,000 men in the general population. These numbers were achieved through the various peer education initiatives discussed in this report.

Literally millions of Vietnamese men, women and young people have been

reached by FHI supported mass media messages on HIV/AIDS prevention and care. These messages are conveyed through provincially and nationally televised TV spots, teledramas, radio spots, documentary films, print media, condom social marketing advertising and mass social events and World AIDS Day concerts.

Behavior change communication, through the use of: 1) interpersonal communication channels such as peer education and community outreach, and 2) targeted messages in the mass media (TV, radio, film, newspapers), has proven to be an effective means of reaching various population groups vulnerable to HIV risks. At the same time, BCC has linked the project interventions to each other.

FHI Viet Nam's innovative HIV/AIDS prevention work with men, sex workers and IDUs has been successful. Many of these interventions are now being replicated in other provinces and by other organizations.

Community orientation and capacity-building efforts in both technical areas and in program management skills have also been essential activities of the FHI/IMPACT project in Viet Nam. They also help ensure sustainability of successful HIV/AIDS prevention and care efforts in the future.

In Phase III, FHI Viet Nam, together with its national and provincial partners, is continuing to expand its prevention and care and support interventions for wider impact. Along with support for behavior change communication, behavioral surveillance, and capacity building efforts, these activities will contribute significantly to an increasingly effective and successful response to the HIV/AIDS epidemic in Viet Nam.

# A N N E X E S



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# ANNEX I

## Publications Produced in Phases I and II

Below is a list of the English titles of the HIV/AIDS research, technical and program materials that FHI Viet Nam IMPACT office has produced/adapted/translated and made available in Vietnamese over the past two years:

1. HIV/AIDS Behavioral Surveillance Survey Vietnam 2000. Ha Noi 2001.
2. HIV/AIDS Behavioral Surveillance Survey Vietnam 2001-2002. Ha Noi. Final draft in 2003.
3. Behavioral Surveillance Surveys: Guidelines for Repeated Surveys in Populations at Risk of HIV.
4. Mobile/Migrant Population Assessment in Thai Binh, Dong Nai and Ha Noi. Ha Noi 2001 (Allan Beesey, et al.).
5. Reproductive Organs and Knowledge About Reproductive Tract Infections: Handbook for Community Health Workers.
6. Diagnosis, Treatment and Counseling Related to Sexually Transmitted Infections: Materials for the Provider to Use at Commune Level.
7. Clinical Photo Book of Sexually Transmitted Infections and Syndromic Management Approach (Includes Text).
8. Assessment and Monitoring of BCC Interventions (AIDSCAP BCC Series).
9. HIV/AIDS Care and Support Projects (AIDSCAP BCC Series).
10. How to Conduct Effective Pretests (AIDSCAP BCC Series).
11. How to Create an Effective Communication Project (AIDSCAP BCC Series).
12. Policy and Advocacy in HIV/AIDS Prevention (AIDSCAP BCC Series).
13. Behavior Change Communication for the Prevention and Treatment of STDs (AIDSCAP BCC Series).
14. How to Create an Effective Peer Education Project (AIDSCAP BCC Series).

15. Behavior Change Through Mass Communication (AIDSCAP BCC Series).
16. Partnership with the Media (AIDSCAP BCC Series).
17. Living with AIDS in the Community (adapted from "Living with AIDS in the Community" written in Uganda in 1991 by ACP, TASO, UNICEF and WHO).
18. Men's Interventions: Peer Education by Motorcycle Taxi Drivers. Intervention Profiles. 2003.
19. Men's Interventions: HIV/AIDS Peer Education in the Workplace. Intervention Profiles. 2003.
20. Men's Interventions: Peer Education by Barbers and Shoeshine Boys. Intervention Profiles. 2003.
21. Peer Education for HIV/AIDS Prevention and Support in Rehabilitation Centers For Drug Users and Sex Workers. Intervention Profiles. 2003.
22. Condom Social Marketing Using Non-Traditional Outlets. Intervention Profiles. 2003.
23. Behavior Change Communication (BCC) Campaigns. Intervention Profiles. 2003.
24. Capacity Building for Individuals and Organizations. Intervention Profiles. 2003.
25. HIV/AIDS Behavioral Surveillance Surveys. Intervention Profiles. 2003.
26. STI Management Training for Pharmacists and Private Physicians. Intervention Profiles. 2003.
27. The Women's Health Club and Peer Education Project. Intervention Profiles. 2003.
28. HIV/AIDS Prevention for IDUs Through Drop-in Centers and the "ECHO" Peer Education Model. Intervention Profiles. 2003.
29. Quality Assurance Measures for Voluntary Counseling and Testing Services.
30. Voluntary Counseling and Testing for HIV: A Strategic Framework.
31. VCT Client Intake Form (and Checklists).
32. FHI Focus on Voluntary Counseling and Testing.
33. Various information leaflets and booklets about HIV/AIDS preventions for drug users; people living with HIV/AIDS; mobile youth; men; sex workers.

## FHI VIET NAM PROJECT PUBLICATIONS, PAPERS, PRESENTATIONS, AND REPORTS

(excluding in FHI/IMPACT, USAID, NASB, and PACCOM annual or semi-annual reports and annual workplans)

### Phase I

**Bowen, Ruth.** Business Responses to HIV/AIDS in the Workplace. Population and Development International. Prepared for FHI and the National AIDS Committee, December 1998.

**Nguyen Duy Hung; Uhrig, Jamie.** Availability and Quality of STD Care in Four Provinces of Vietnam. Vietnam Institute of Dermatovenereology (VID). Prepared for NAC and FHI, November 1998.

**Nguyen Thanh Tam; Vu Minh Hanh.** Assessment of High Risk Behaviors and Practices for HIV/AIDS Prevention. Center for Family and Women's Studies. Prepared for FHI and NAC, November 1998.

**Phan Thu Anh; Dao Xuan Vinh; Vu Thi Minh Hanh; Tuong Duy Trinh; Tran Tri Hong Cam.** Baseline Research of the Social Marketing of Condoms in 4 Provinces of Vietnam. Assessment of Condom Availability Through Retail Outlets, and of Knowledge, Attitudes and Practice of Retailers and Consumers. Center of Social Sciences in Health (MOH) for DKT International (funded by FHI), 1999.

**Thomas, John H; Nguyen Thi Mai; Nguyen Duy Tung; Blumberg, Naomi; Kinzett, Steve; Brenden, Neil.** A National Study on Condom Demand and Supply in Viet Nam 1998-2002. FHI, NAC, USAID, August 1998.

**Vu Ngoc Bao; Long, Lynellyn D.; Taylor, Yvonne.** Suffered Lives: Assessment of Social and Behavioral Practices for HIV/AIDS Prevention in Can Tho Province. The Population Council, Vietnam Office. Prepared for FHI and the NAC. January 1999.

### Phases II and III

**Beesey, Alan; Vu Cong Nguyen; Dang Nguyen Anh; Bui Thi Thanh Mai; Kane, Thomas T.** Mobile Population Assessment in Dong Nai, Ha Noi and Thai Binh Implications for HIV/AIDS Prevention and Care Interventions. Family Health International, Ha Noi. November 2001.

**Chung A; Kane, Thomas T. (editors).** HIV/AIDS Behavioral Surveillance Survey Vietnam 2000: BSS Round I Results. English Report. FHI and NASB, Ha Noi. December 2001.

**Dao Thi Mai Hoa; Chung A; Kane, Thomas T.; Flanagan, Donna; Nguyen Van Vy; Dinh Xuan Mai; Wedeen, Laura.** An Innovative Harm Reduction Approach for IDUs in Two Provinces in Viet Nam: Applying the ECHO Model. (Poster and oral presentation) Presented at 6th ICAAP in Melbourne Australia, October 5-10, 2001.

**Dao Thi Mai Hoa; Kane, Thomas T.; Chung A; Flanagan, Donna; Nguyen Quang Thinh; Nguyen Van Vy; Le Thanh Lap; Vo Khac Thanh.** Decentralized HIV Behavior Change Communication in Viet Nam: Building Local Capacity for HIV Prevention. (Poster presentation). Presented at 6th ICAAP in Melbourne Australia, October 5-10, 2001.

**Hoang Tu Anh, Dinh Thu Phuong, Nguyen Thu Huong.** Mystery Client. Exploratory Study on (STI) Examination, Diagnosis and Treatment Practice of Health Providers at Private Pharmacy Stores and Clinics in Quang Ninh and Binh Dinh Provinces. A Training Needs Assessment. For FHI Viet Nam. May-June 2002.

**Hoang Tu Anh.** Mystery Client. Exploratory Study on (STI) Examination, Diagnosis and Treatment Practice of Health Providers at Private Pharmacy Stores and Clinics in Quang Ninh and Binh Dinh Provinces. Post-Training Assessment. For FHI Viet Nam. May 2003.

**Kane, Thomas T.; Dao Thi Mai Hoa; Chung, A.** Reaching IDUs for HIV/AIDS Prevention in Viet Nam Using the ECHO Peer Education Model. Poster Presentation at the XIV International AIDS Conference 2002 in Barcelona July 7-12.

**Kane, Thomas T.; Dao Thi Mai Hoa; Nguyen Van Vy; Nguyen Quang Thinh; Vo Khac Thanh; Nguyen Trung Nghia; Nguyen Thanh Truyen; Le Thanh Lap.** Reaching Out to Men for HIV/AIDS Prevention in Viet Nam. Poster Presentation at the XIV International AIDS Conference 2002 in Barcelona July 7-12.

**Kane, Thomas T.; Le Thanh Lap; Nguyen Trung Nghia; Dao Thi Mai Hoa; Vo Khac Thanh; Nguyen Thanh Truyen; Nguyen Van Vy; Nguyen Quang Thinh.** Getting Men More Involved In HIV/AIDS Prevention In Vietnam: A Multi-Pronged Approach. (Poster and oral presentation). Presented at 6th ICAAP in Melbourne Australia, October 5-10, 2001.

**Kane, Thomas T.; Tran Vu Hoang; Dao Thi Mai Hoa; Chung A.; Dinh Xuan Mai, Flanagan, Donna; Nguyen Van Vy, Broadhead, Robert.** HIV/AIDS Harm Reduction for IDUs in Hai Phong, Viet Nam: Experience in the Application of the Peer-Driven ECHO Model. Paper Presentation at the XIVth International Conference on the Reduction of Drug-Related Harm, Chiang Mai Thailand, April 9, 2003.

**Kaufmann, Peter.** Introducing HIV/AIDS Prevention, Care and Destigmatization of PLWHIV/AIDS in Government Rehabilitation Centers for IDUs and FSWs in Viet Nam. (Oral presentation). Presented at the 6th Home and Community Care Conference, Dakar, Senegal, December 2003.

**Living With AIDS in the Community.** Adapted/illustrated from an earlier version written by ACP, TASO, UNICEF and WHO for Uganda in 1991. Family Health International Viet Nam Office, April 2003.



**Luu Thanh Tue; Le Thanh Lap; Lai Kim Anh; Kane, Thomas T.; Wedeen, Laura.** Promoting Safer Practices Amongst Sex Workers In Can Tho Province, Vietnam: The Women's Health Club Model. (Poster Presentation). Presented at 6th ICAAP in Melbourne, Australia, October 5-10, 2001.

**McCoy, Nina R., Dao Thi Mai Hoa.** Opening the Gates to the Community: The HIV/AIDS Prevention Education Project in the Binh Dinh 05-06 Rehabilitation Centers. Post-Project Evaluation and Current Situation Assessment. Family Health International, Viet Nam Office, June 2003.

**McCoy, Nina R.** Report on HIV/AIDS Prevention and Care Interventions under the FHI/IMPACT Project 1998-2003. Family Health International, Viet Nam Office. October 2002.

**Nguyen Anh Tuan; Chung A; Nguyen Duy Tung; Kane, Thomas T.; Saidel, Tobi; Nguyen Tran Hien.** The Behavioral Surveillance Survey (BSS) As A Tool For Examining The Intersection Between Commercial Sex And Injecting Drug Use Behavior And HIV/AIDS Risk in Vietnam. (Paper Presentation) Presented at 6th ICAAP in Melbourne Australia, October 5-10, 2001.

**Nguyen Anh Tuan; Nguyen Tran Hien; Pham Kim Chi; Bui Duc Thang; Nguyen Duy Tung; Tran Vu Hoang; Saidel, Tobi.** Sexual Behavior, Condom Use And HIV/AIDS Risks Among Injecting Drug Users In Vietnam: Results From The Behavioral Surveillance Survey 2000. (Poster and oral presentation) Presented at 6th ICAAP in Melbourne Australia, October 5-10, 2001.

**Nguyen Duy Tung; Tran Vu Hoang; Nguyen Tran Hien; Nguyen Anh Tuan, Pham Kim Chi, Bui Duc Thang, Saidel Tobi, Chung A, Kane, Thomas T.** Assessing Sexual Behavior, Condom Use And HIV Risk Among Female Sex Workers In Vietnam: Results From The First Round Of Behavioral Surveillance Survey (BSS) In 5 Provinces. (Poster Presentation). Presented at 6th ICAAP in Melbourne Australia, October 5-10, 2001.

**Nguyen Thi Phuong Lan.** Thirst for Life: A documentary from Binh Dinh 05/06 Rehabilitation Center, Viet Nam. From Binh Dinh Television. (Abstract submitted for symposium) 15th ICRDRH Film Fest, XVth International Conference on the Reduction of Drug-Related Harm, Melbourne, Australia, April, 2004.

**Nguyen Tran Hien; Chung A; Nguyen Duy Tung; Tran Vu Hoang; Nguyen Anh Tuan; Bui Duc Thang; Pham Kim Chi.** Sexual Behavior, Condom Use, And HIV/AIDS Risk Of Long Distance Truck Drivers (LDD) In 5 Provinces Of Vietnam: Results Of The Behavioral Surveillance Surveys, 2000. (Poster and oral presentation) Presented at 6th ICAAP in Melbourne Australia, October 5-10, 2001.

**Phuong To Hanh.** The current HIV/AIDS prevention activities at the Xuan Phu Centre for Rehabilitation and Vocational Training, Dong Nai Province. Assessment Report for Dong Nai 05-06 Centre HIV/AIDS Capacity Building and Peer Education Project. Family Health International Viet Nam Office, May 2002.

**Rushing, Rosanne.** Field Visit Report: Quang Ninh Behavior Change Communication Campaign. Hanoi: Family Health International; September 2001.

**Rushing, Rosanne.** Final Evaluation of the Binh Dinh Behavior Change Communication Campaign. Hanoi: Family Health International; September 2001.

**Rushing, Rosanne.** Final Evaluation of the Binh Dinh Men's Intervention Campaign. Hanoi: Family Health International; September 2001.

**Rushing, Rosanne.** Final Evaluation of the Can Tho Intervention to Support Men. Hanoi: Family Health International; September 2001.

**Rushing, Rosanne.** Mid-Term Evaluation of the Hai Phong Behavior Change Communication Campaign. Hanoi: Family Health International; September 2001.

**Rushing, Rosanne.** Mid-Term Evaluation for Condom Social Marketing for HIV/AIDS Prevention of Impact Targetted Provinces in Vietnam. Hanoi: Family Health International; September 2001.

**Rushing, Rosanne.** Mid-Term Evaluation of the Can Tho Women's Health Club. Hanoi: Family Health International; September 2001.

**Rushing, Rosanne.** Mid-Term Evaluation of the Drop-in Center for Harm Reduction Project in Cam Pha. Hanoi: Family Health International; September 2001.

**Rushing, Rosanne.** Mid-Term Evaluation of the Drop-in Center for Harm Reduction Project in Hai Phong. Hanoi: Family Health International; August 2001.

**Rushing, Rosanne.** Mid-Term Evaluation of the HIV/AIDS Prevention Education in the Binh Dinh 05-06 Camps. Hanoi: Family Health International; September 2001.

**The Vietnam Technical Working Group on HIV Estimates and Projections.** Briefing Paper on Vietnam Estimates and Projections. 2003-2005. November 2003.

**Tran Minh Gioi.** Formative Research on HIV/AIDS Related Issues in Mobile Workers in Thai Binh as the Basis for Advocacy and BCC Materials Development. Family Health International Viet Nam Office, June 2002.

**Tran Tinh.** Evaluation of Hai Phong and Can Tho STI Skills Training for Pharmacists and Private Physicians. Prepared for FHI, October 2001

**Tran Vu Hoang, Hersey, Sara, Nguyen Tran Hien, Nguyen Anh Tuan.** Follow-up Qualitative Assessment of Viet Nam BSS 2001. January 2003.

**Tran Vu Hoang, Kane, Thomas T., Nguyen Van Vy, Vu Van Cong, Broadhead, Robert.** Lessons Learned from a Peer-Driven IDU Harm Reduction Outreach Program Targeting Male and Female Injecting Drug Users in Hai Phong, Viet Nam. (Abstract submitted). XVth International Conference on the Reduction of Drug-Related Harm, Melbourne, Australia, April 2004.

**Vu Manh Loi, Nguyen Huu Minh, Tran Vu Hoang, Broadhead, Robert, Kane, Thomas T.** Needs Assessment for Male and Female IDUs in Hai Phong City. FHI Viet Nam. July 2003.

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**Vu Van Cong, Tran Vu Hoang, Nguyen Van Vy, Kane, Thomas T.** Building peer-driven IDU harm reduction outreach programs in Viet Nam: Experience from the FHI collaboration with the government health service in Hai Phong. (Abstract submitted). XVth International Conference on the Reduction of Drug-Related Harm, Melbourne, Australia, April, 2004

**Vu Cong Nguyen; Nguyen Van Vy; Le Thanh Lap; Nguyen Huu Thu; Ho Van Sanh.** Breaking Down Barriers to Quality STD Treatment in Two Provinces of Viet Nam: Engaging the Private Sector. (Poster and oral presentation) Presented at 6th ICAAP in Melbourne Australia, October 5-10, 2001.

**FHI/Vietnam.** Condom Social Marketing for HIV/AIDS Prevention in Vietnam: Experience in Collaborative Project with DKT International. Presentation made at the First Annual National Seminar on Condom Social Marketing in Vietnam. May 26, 2003, Ha Noi.

**FHI/Vietnam Country Director.** "HIV/AIDS Prevention in Vietnam: Implementation of Interventions 2000-2002." Presented to Congressional Delegations; USAID Delegations; U.S. Ambassador Raymond Burkhardt; China Study Tour; FHI/ARO Regional Meetings; and FHI/HQs in Arlington. 2001-2003.

**FHI/Vietnam Country Director.** "HIV/AIDS Prevention and Care in Vietnam: Scaling Up for Impact 2003-2005." Presented to MOH; USAID; Provincial Partners, Ha Noi, 2003.

## **Additional FHI Viet Nam Project Related Papers and Presentations 1999-2003:**

ARO Regional Meetings: Vietnam Program March 2001; Men's Interventions September 2002.

Mid-term Review (March 2001); Annual Review (March 2002); and Final Review of FHI IMPACT Project (November 2002); Presented at Meetings with MOH/NASB, USAID, DKT and Provincial Partners, MPI; MOF.

## ANNEX II

# Activities Supporting Capacity Building:

### Training, Conferences and Study Tours and Materials Translation/Sharing

“HIV/AIDS Prevention in Viet Nam- Phase I:  
Implementation of Interventions 1998-1999”

#### **TRAINING**

##### **1998**

Computer Modeling for Decision-makers Workshop; Ha Noi, Viet Nam. A computer modeling workshop supported by FHI was attended by the NASB and NIHE. The workshop was conducted by international consultants.

##### **1999**

###### April

Appraisal and Dissemination Workshop: Findings and Recommendations of Five Research Studies conducted during FHI/NASB collaboration in 1998. Attended by 60 participants.

###### November and December

Situation Analysis in two project provinces attended by NASB and PACs.

“HIV/AIDS Prevention in Viet Nam- Phase II:  
Implementation of Interventions December  
1999-2002”

##### **2000**

###### 14 March

Data collection training for Situational Analysis in Binh Dinh: 10 data collectors: FHI staff.

###### May

Risk Reduction Training: Hai Phong Seagull Club staff. Conducted by Peter Higgs.

###### August

BCC training course: Two-week, 4 provinces, with Nancy Jamieson.  
BCC Special Course, Binh Dinh Province, with Nancy Jamieson.

### September

TOT for Peer Education in Can Tho and Binh Dinh.

BSS team work with Tobi Saidel: 2 days Mapping Training.

### October-December

BCC Capacity Building Scheme written by Nancy Jamieson.

BCC refresher training: Can Tho, Binh Dinh, Hai Phong conducted by Nancy Jamieson.

Assistance with setting up Friendship Club, Peter Higgs.

IDU Counseling training at Seagull Club, Hai Phong, 3 days and Cam Pha, given by Peter Higgs.

Training for Grassroots Social Workers, Seagull Club, Hai Phong.

Outreach Communication Skills training at Friendship Club, Cam Pha (Seagull Club staff included) 5 days, conducted by Pham Thanh Van.

Edutainment Training at 05/06 Center in Binh Dinh, 10 days, conducted by Peter Kaufmann.

BSS team Technical Officer on analysis and report writing, given by Tobi Saidel.

Training on HIV/AIDS counseling skills for 10 PEs at 5 selected enterprises.

## **2001**

### January

Edutainment Training at 05/06 Center in Binh Dinh, given by Peter Kaufmann.

HIV/AIDS prevention and PE Training for Health educators and PEs of Women's Health Club in Can Tho, 5 days, given by Pham Thanh Van.

### February

2 STI training courses: Skills upgrading. Can Tho Province.

2 one-week training courses: Peer Education, counseling, outreach activities. Health Educators/target groups at IDU drop-in centers: FHI consultant.

### March

BSS First Round Workshop.

4, one-week training courses: Peer Education, counseling, outreach services to target groups in four provinces, conducted by Pham Thanh Van.

3 DOLISA Staff Training Courses for 32 staff at 05/06 Center and for 34 social workers in Binh Dinh: TOT for peer educators and refresher course on HIV/AIDS/STI prevention and care, given by Pham Thanh Van.

5-day training courses: TOT for Cam Pha, Can Tho and Ninh Binh conducted by Pham Thanh Van.

STI training for Pharmacists and Private Physicians in Hai Phong Province.

#### April

Ten-Year Review HIV/AIDS Prevention Work in Viet Nam.

STI training for Pharmacists and Private Physicians in Can Tho Province.

Refresher training: HIV/AIDS prevention, risk reduction practices, condom promotion, peer/outreach activities: Staff of IDU Drop-in Centers, Women's Health Club and 05/06 Center, given by Pham Thanh Van.

#### May

Telephone Counseling Workshop, Mumbai, India – 1 person attended with FHI support.

#### July

BCC Follow-up Intensive Training Workshop for 35 Provincial AIDS office staff, artists, media specialists from 4 focus provinces held in Ha Long, Quang Ninh, with Nancy Jamieson.

#### September

Rapid Response and Harm Reduction Workshop, Sydney/Melbourne – 4 people attended with FHI support.

Active Communication Training: Women's Health Club/05/06 Center Binh Dinh, given by Peter Kaufmann.

#### November

Sexual Health Refresher Course, Chiang Mai, Thailand –2 people attended with FHI support.

Condom Promotion Training-project peer educators Hai Phong, Quang Ninh, Ha Noi, given by DKT International.

Edutainment training/orientation, 05/06 Center Binh Dinh - Staff/residents, with Peter Kaufmann.

#### December

World AIDS Day events in seven provinces, with coverage by provincial and national television.

FHI-co-sponsored AIDS Concert in Ha Noi-20,000 people in attendance.

STI Skills Training initiated in Binh Dinh and Quang Ninh.

BSS Round II Training, mapping, sampling and survey field work completed.

### **2002**

#### March

"HIV/AIDS Project Design and Management" Workshop in Ho Chi Minh City, conducted by FASID and MSH, 6 people supported to attend.

Basic Orientation and BCC Workshop: 3 new provinces, 25 Provincial counterparts, with Nancy Jamieson.

Mentoring and orientation in program management and monitoring at provincial sites.

Peer Education/counseling, risk reduction, HIV/AIDS information workshops at 05/06 center Dong Nai, conducted by Pham Thanh Van.

#### April

Advanced BCC Training Workshop: 4 provinces from Phase II, with Nancy Jamieson.  
Training workshops for barbers participating in men's intervention campaign in Ha Noi.

#### May

HIV/AIDS Workshop for Journalists in Hai Phong.  
VCT counseling workshop: Ha Noi: 5 VCT counselors from Bach Mai, conducted by CDC.  
TOT at LADECEN for six key provincial staff.  
Population Workshops at East-West Center, Hawaii; Asian HIV/AIDS Epidemic Models: 2 NASB staff supported to attend.  
Training on Syndromatic Management of STIs for Doctors of Quang Ninh and Binh Dinh Provinces.  
Training courses for staff and residents of the 05/06 camps in Dong Nai.  
Workshop on Monitoring Behavior as a Component of Second Generation Surveillance; Bangkok, Thailand.  
Three-day training workshop at FHI ARO, with two key officers from NASB and NIHE.

#### June

STI training for Binh Dinh and Quang Ninh given by Graham Nielsen.  
Basic BCC for new provinces: with Mark Ostfield and Huynh Lan Phuong. Field testing FHI/HQ BCC module.

#### August

Basic Peer Education Training: 05/06 Center, Dong Nai, carried out by Mr. Van.  
BSS Round II: Preparation for Workshop on Asian Epidemic Modeling.

#### September

Advanced Peer Education Training: 05/06 Center, Dong Nai, conducted by Mr. Van, Peter Kaufmann.  
End of Project meeting in Binh Dinh.  
Training and project planning in Binh Dinh, given by Peter Kaufmann.

#### December

FASID Training on Design and Management of HIV/AIDS projects. A two-week training workshop attended by 9 key officers working with HIV/AIDS in Viet Nam.  
Home care training for family members of PLWHAs in Thai Nguyen Province. Two three-day training courses held for 80 family members of PLWHAs by SHAPC.  
"HIV/AIDS Prevention in Viet Nam- Phase III: Implementation of Interventions January to July 2003 (Continuing to 2005).

## **2003**

### January

Female Condoms and Lubricant Orientation Workshop for FHI-supported partners.

### February and March

Two basic Training of Trainers workshops and one Advanced TOT course held by LaDeCen for PASBs.

### April

Men Who Have Sex With Men Partners Regional Consultation and Capacity Building Workshop: India. Attended by 2 members of the HCMC PAC.

### May

BSS Workshop in Bangkok, Thailand, attended by 4 members of NASB and NIHE.

### June

Collaborative greater involvement of PLWHAs training workshop: Two training workshops held in collaboration with Care Intl, SCF-UK, Australian Red Cross and COHED.

Training Workshop on Methods for HIV/AIDS Estimates and Projections: Bangkok, Thailand. A five-day training attended by 4 members of the MOH, NIHE and Ha Noi Medical University.

### June – July

Peer Driven Intervention training workshop: 10 day training course was held by international expatriate consultants to provide IDU drop-in center staff with PDI/ECHO model for IDUs.

Care and support for PLWHAs orientation workshop: one-day workshop to provide partners with basic understanding of care and support activities.

Monitoring and Evaluation Workshop and Training for Trainers, Lusaka, Zambia. FHI Viet Nam supported one M & E Program Officer to attend.

Training Workshop on Policy Analysis Using the Asian Epidemic Model organized by Mahidol University, in Bangkok, Thailand. One person from Hanoi Medical University and 2 from HCMC PASB attended with FHI support.

Monitoring and Evaluation Workshop and Training of Trainers. Lusaka, Zambia.

### August

Design Awareness and PowerPoint Production Workshop (Basic Level Training), Hanoi; given by Mark Turgesen.

Writing Project Reports Workshop led by LADECEN in Ha Noi, attended by 4 project staff from Can Tho.



### August-September

Short Course on ARVs and Comprehensive Care, Institute of Tropical Medicine in Brussels, Belgium. 4 people from FHI (2), Hai Phong PHS (1), and HCMC PAC (1) attended with FHI support.

Workshop on Sampling and Analysis for HIV Surveillance Survey, FHI, Bangkok, Thailand. Attended by two people from NIHE, with FHI support.

### October

Methadone Training in Hong Kong. Attended by two people from FHI Viet Nam and MOH AIDS Division.

### November

TOT Part II by LADECEN in Hanoi. Attended by 4 people from FHI, COHED and FHI implementing agencies.

Analysis Workshop for GIPA, run by COHED in Ha Noi. 3 people supported to attend from Can Tho.

Workshop on Monitoring HIV/AIDS Programs organized by FHI in Bangkok, Thailand. 2 people from FHI Viet Nam attended.

Expanded Comprehensive Responses Workshop organized by FHI in Bangkok Thailand. 1 person attended from FHI Viet Nam.

### December

TOT for Home Care Project led by COHED in Ha Noi. Attended by 15 people from FHI projects in Ho Chi Minh City and Can Tho.

BCC Workshop organized by FHI Bangkok held in Chiang Mai, Thailand. Attended by two BCC Program Officers from FHI Ha Noi. Nancy Jamieson, Donna Flanagan, Carol Larivee and Caroline Francis served as trainers.

Training for Journalists in Ho Chi Minh City. Ho Chi Minh City PASB. December 2003.

## **CONFERENCES AND STUDY TOURS**

### **1998**

World AIDS Conference; Geneva, Switzerland. Eight members of the NASB and other government officials were supported by FHI to attend this conference.

Policy Study Program in Thailand; Bangkok and Chang Mai. Ten participants from the NASB and other government officials attended this study tour to Thailand.

Study Tours to several provinces, were attended by the NASB and other government officials in order to conduct assessments in these provinces.

Study Tour to USA for strategic analysis and planning. The participants included the NASB, PACs and other Vietnamese officials.

## **2000**

### July

Global AIDS Conference, Durban, South Africa, 2 people (NASB, NIHE) were supported to attend.

## **2001**

### April

12th International Conference on Harm Reduction in New Delhi, India – 5 people supported by FHI to attend.

### October

6th International AIDS in Asia and the Pacific Conference, Melbourne, Australia-22 FHI staff and partners supported to attend conference.

FHI/Vietnam staff/counterparts made nine paper and poster presentations.

Rapid Assessment and Response Workshop (4 slots) Sydney.

### December

International Conference on Community Care and Support held in Chiang Mai – 3 people supported to attend.

## **2002**

### March

13th International Conference on Harm Reduction, Slovenia - 2 people attended through FHI support.

### July

Global AIDS Conference, Barcelona, Spain – 1 person supported to attend.

### September

VCT and IDU Support Programs, Study Tour to Hong Kong- 20 people supported to attend.

### December

Study Tour to Laos: Social marketing for female condoms and lubricant.

## **2003**

### September

IDU/Harm Reduction Study Tour to Russia organized by FHI Viet Nam. Five people were supported from FHI Viet Nam, 2 from FHI VN, 1 from Hai Phong PHS, 1 from Can Tho and 1 from the National Assembly.

December

8th World STI/AIDS Congress held in Punta del Este, Uruguay. FHI Viet Nam supported one person from MOH to attend.  
6th Home and Community Care Conference for People Living with HIV/AIDS in Dakar, Senegal.  
FHI supported three people to attend, from FHI Viet Nam (1), COHED (1) and MOH (1).

**MATERIALS****2000**May

Translation and printing of 9 BCC handbooks (1000 copies each) and 6 selected chapters other documents.

July

BSS Supervisor and interviewer manual completed.

September

STI Training materials (slides and handbooks) developed.  
Purchased computers, slide projectors, over-head projectors for 4 provinces, projects.  
"Tools": Guidance on working with an ad agency, sample focus group discussion guides, sample STI training curriculum; sample KAPB for work-sites; sample basic facts for press releases and sample training needs assessment instrument.

December

Publications for IDUs education, printing of sticky pads to PASBs for STI projects.  
TV advertisements developed and aired on national and provincial television.  
Women's health club cards and membership cards printed and made available.

**2001**January

Question and Answer Booklet about risk reduction written by FHI for Cam Pha DAC for use in meetings with local authorities.

April

Dissemination of BCC Handbooks.

May

Support for FAX/ Internet registration for NASB focal group for FHI project.

August-September

Translating and printing STI handbooks.

**2002**

TRANSLATION AND ADAPTATION OF:

VCT Reports, BSS Guidelines, Care and Support Manual for PLWHAs and Their Families (“Song chung voi AIDS trong cong dong”), Fact Sheets on Different HIV/AIDS Topics, The Expanded Comprehensive Response Manual.

**2003**

TRANSLATION OF FHI INFORMATION SHEETS:

Behavioral Data Collection in HIV-Related Risk Behaviors.  
Safe and Effective Introduction of Antiretroviral Drugs for HIV/AIDS.  
Behavior Change Communication for HIV/AIDS.  
Capacity Development in HIV Programming.  
Care and Support for HIV/AIDS: Building Capacity.  
Comprehensive HIV/AIDS Prevention, Care and Support Programming.  
Control of Sexually Transmitted Infections.  
Ethical Issues in Data Collection for HIV Programming and Evaluation.  
Reducing HIV in Injecting Drug Users.  
HIV Prevention in Mobile Populations.  
HIV/AIDS Interventions With Men Who Have Sex With Men.  
Reducing Mother-to-Child Transmission of HIV.  
Care for Orphans, children Affected by HIV/AIDS, and Other Vulnerable Children.  
Evaluating Program Effectiveness.  
Tuberculosis Control in the Era of HIV.  
Developing a Comprehensive HIV/AIDS/STI Program for Uniformed Services.  
Voluntary Counseling and Testing for HIV.  
Issues in HIV Diagnostics for Voluntary Counseling and Testing.  
Models of HIV Voluntary Counseling and Testing (VCT) Service Delivery.  
HIV/AIDS Prevention in the Workplace.  
HIV Interventions with Youth.

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# ANNEX III

## Newspaper and Radio Coverage of FHI Viet Nam Supported Programs

"Anti-AIDS Campaign Set to Go". Viet Nam News. Thursday May 22, 2003.

**Bich Huong** (2002). "Hieu Qua Tu Mot Du An" (Effectively Forming Programs). Lao Dong, 29-11-2002.

**Morris, Rachel** (2002). "Drug Users Spread the Word about HIV/AIDS Prevention". Viet Nam News, December 8, 2002.

**Ngoc Son** (2003). "Spreading the Message". Vietnam Investment Review, May 19-25, 2003.

**Ngoc Son** (2003). "Condoms; No Joke". Vietnam Investment Review, June 16-22, 2003.

**Quang Khanh** (2002). "Ngoi Nha Tinh Thuong" (Compassionate House – Binh Dinh 05/06 Center). Lao Dong, Saturday 16-11-2002.

**Russell, George, W.** (2001). " 'Condom Tunnel' Creates Corridor of Knowledge". HIV/AIDS Prevention in Vietnam. Family Health International, HIV/AIDS Prevention and Care Department, [www.fhi.org](http://www.fhi.org)

**Son Ha** (2003). "The Place Where 'Unlucky Women' Could have the Chance to Get Rid of Sex Work". Can Tho Newspaper, July 2003.

**Takats, Angela** (2001). "A Sharp Message – Vietnam barbers spread anti-AIDS message". Bangkok Post, October 8, 2001.

**The Uyen.** "Dau tu 516 nghin USD de khong che dai dich HIV/AIDS" (Investment of 516 Thousand Dollars to Prevent HIV/AIDS). Lao Dong, Saturday 24-5-2003 (no. 144/2003).

### RADIO COVERAGE:

BBC in Focus

BBC East Asia Today, Oct. 2001

Voice of Vietnam (VOV) - Various

Reuters

*This book is dedicated to...*

*...all the Vietnamese people who have died of HIV/AIDS...*

*...to those living with the virus...*

*...to those who are working to prevent the epidemic's spread,  
providing care and compassion for those affected...*

*...and those committed to reducing the stigma and  
discrimination against people living with HIV/AIDS  
in Vietnam.*



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