ANNUAL PROGRESS REPORT

Workplace-Based Prevention and Employment and Supportive Services for High-Risk Individuals in Vietnam

October 2010 – September 2011

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired immune deficiency syndrome
ART	Anti Retrovirus Therapy
CSR	Corporate Social Responsibility
DU	Drug User
FHI	Family Health International
HCMC	Ho Chi Minh City
HIV	Human immunodeficiency virus
HPI	Health Policy Initiative
HRIs	High-risk individuals
IEC	Information-Education-Communication
MARP	Most at risk population
MDM	Medicins du Monde
MFI	Micro Finance Institution
MMT	Methadone Maintenance Treatment
MOH	Ministry of Health
MOLISA	Ministry of Labor, Invalids, and Social Affairs
MOU	Memorandum of Understanding
NGOs	Non-governmental Organization
OPCs	Out patient clinic
PAC	Provincial AIDS Center
PE	Peer educators
PLHIV	People living with HIV/AIDS
PMTCT	Prevention of Mother-to-child Transmission of HIV
PSI	Population Services International
RDU	Recovering drug user
SCDI	Center for Supporting Community Development Initiatives
STI	Sexually Transmitted Infection
SW	Sex Worker
TWG	Technical working group
TYM	Tau Yeu Mai Fund
USAID	United States Agency for International Development
VBSP	Vietnam Bank for Social Policy
VCCI	Vietnam Chamber of Commerce and Industry
VCT	Voluntary counseling and testing
VNP+	Vietnam Network of People living with HIV/AIDS
VWEC	Viet Nam Women’s Entrepreneurs Council
WU	Women’s Union

INTRODUCTION AND SUMMARY

This document presents the annual report of the USAID HIV Workplace Project for the period of October 1, 2010 through October 30, 2011, the project's third year of implementation. Below, we present a brief introduction of the Project, followed by a summary of the project activities, progress toward project objectives, lessons learned to date, problems or constraints encountered, and proposed solutions.

The USAID HIV Workplace Project targets large and small workplaces where there are concentrations of high-risk individuals (HRIs) who may be exposed to HIV/AIDS, or workplaces which can absorb HRIs into their workforce. Key project strategies include economic rehabilitation or economic strengthening for high risk individuals through vocational training and employment support services for HRIs, creating better working environments, improving the availability of health and social services as a means of preventing risky behavior and reducing stigma and discrimination, and micro-financing loans for self-employment.

During year 3, the project focused on strengthening the workplace-based HIV prevention activities in 118 project enterprises. Of those enterprises, 69.5% carried out a comprehensive HIV workplace program (at least 8 out of 10 components). During the reporting period, a total of 67,419 people were directly reached through HIV workplace programs which provided HIV education communication. Additionally, 1,836 employees were referred to voluntary counseling and testing (VCT) sites or received on-site VCT services; 6,028 employees were referred to or received on-site sexually transmitted infection/reproductive tract infection (STI/RTI) services; 11 newly HIV-infected employees received Anti Retroviral Therapy (ART); 14 pregnant women were referred to Prevention of Mother-to-child Transmission of HIV (PMTCT) sites for testing and counseling; and 2 recovering drug users (RDUs) were on Methadone Maintenance Treatment (MMT).

In the project's employment program, different intervention models have been implemented to address various employment needs among PLHIV/HRIs. The combination of the workplace program, the vocational training and job referral program, and self-employment, supported 417 PLHIV/HRIs to obtain or maintain stable jobs, making up for a total of 503 people who obtained and retained jobs since project inception. Among those helped by the programs, 101 people obtained jobs in enterprises where the project has worked to implement an HIV-sensitive workplace policy (including days off for regular treatment; dispensation of medicines; urgent financial support; psychological counseling, etc.) and a supportive and discrimination-free working environment. Another 172 people found a new job in the competitive labor market in year 3. The remaining 41 clients assisted were PLHIV/HRIs who had received corporate social responsibility (CSR) funds from project enterprises to start their own businesses; 50 clients received microfinance services provided by TYM and VBSP; and 5 PLHIV were regularly employed by project enterprises as peer educators.

The majority of new paid-jobs obtained by PLHIV/HRIs were in jobs as technical workers, drivers, and security guards for males; and as shop assistants, garment workers, and cleaners for females. A small number of candidates worked as accountants and office staff. The average monthly net income was 2 million VND, with a range of 1-4 million VND, not including insurance, plus allowances. Income

generated from these jobs helped project beneficiaries to improve livelihoods, support their families, as well as enhance their quality of life. Many beneficiaries shared their enhanced self confidence and self-esteem with project staff and found their lives much more meaningful.

Furthermore, the project motivated 118 project-supported enterprises to cover the cost of implementing an HIV workplace program as well as costs that enterprises incurred in surrounding communities to conduct HIV prevention and control events. Enterprises also contributed CSR funding for PLHIV/HRIs to start up their business, and loans and administration costs to run microfinance program for PLHIV/MARPs. Through project activities, a total of **764,183 USD** was mobilized to cover the costs of HIV prevention activities and care, support, and economic development for PLHIV/HRIs during Year 3.

PROGRESS TOWARD OBJECTIVES AND PROJECT INDICATORS

Task 1. Promote sustainable HIV/AIDS workplace programs by building the capacity of provincial VCCIs, rolling out the National Technical Guidelines on HIV Prevention in the Workplace, and promoting job recruitment and retention of PLHIV/HRIs

Overview

1. Building capacity for provincial VCCI

In the first six months of Year 3, the capacity of local VCCI staff was strengthened through 6 in-service trainings for 57 staff members and hands-on training experience through supervision trips with project staff. Training topics included: skills for supportive supervision of enterprises, writing reports and completing reporting forms, planning for supportive supervision trips to help enterprises implementing HIV programs, and project management. Fifty-seven VCCI staff were selected and trained to be master trainers by the project, and are being re-trained with updated information on HIV prevention, care and support and how to improve their skills in training and conducting HIV communication activities. Strengthening the capacity of provincial VCCIs has proceeded at a satisfactory pace, but is a continuing process that will need ongoing attention through the remaining project period to identify areas in need of partner support and to find the best methods to help the provincial VCCIs to build their capacity.

Together with UNAIDS and ILO, the Project supported VCCI to conduct a selection process to select a new representative of the private sector to the Viet Nam Country Coordinating Mechanism of the Global Fund. The representative was trained by Project staff on overview of HIV epidemic, structure and organization mechanisms of entities working in HIV/AIDS.

2. Rolling out the National Technical Guidelines on HIV Prevention in the Workplace

One hundred and eighteen enterprises received technical assistance from provincial VCCIs to strengthen the implementation of comprehensive HIV/AIDS prevention packages that include the development of workplace policies, carrying-out of HIV communication to raise awareness, increasing knowledge about HIV to reduce stigma and discrimination, condom promotion programs, and the provision of care and support to PLHIV/HRIs through job recruitment and retention, etc.

Local VCCIs conducted 180 quarterly supervision trips to individual enterprises to make sure their activities were in line with the Technical Guidelines on HIV Prevention in the Workplace. So far, among 97,630 employees at 118 enterprises, 37,637 people were reached through individual or small group communication or training on HIV. Of those 118 enterprises, 82

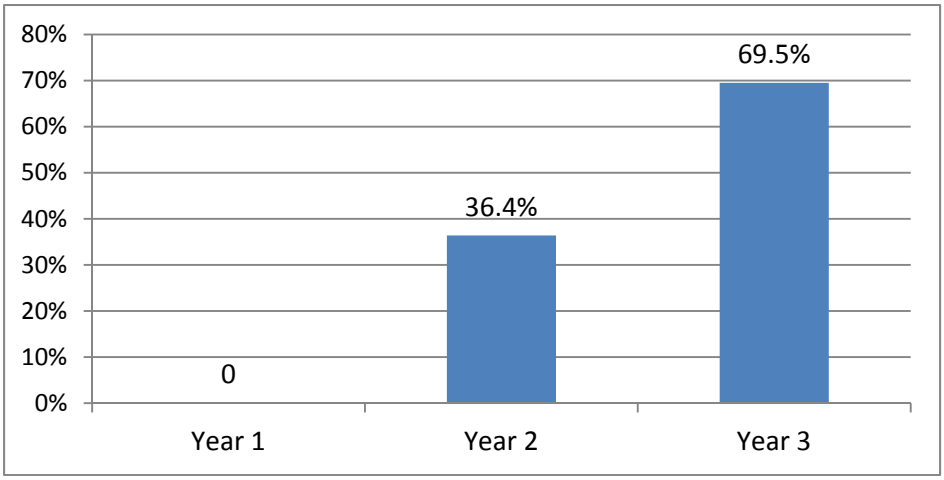
enterprises (69.5%) carried out a comprehensive HIV workplace program (at least 8 out of 10 components). However, the enterprise HIV committees have not conducted meetings regularly to review and supervise the implementation of the HIV program in their workplace as HIV has not been set as a priority program in workplace setting. Therefore, enterprises perceived that the quality of the program has not yet met expectations. The project will continue working with VCCI to promote the implementation of the workplace program.

Please see Table 1 below for proportion of enterprises implementing each of the 10 components of the comprehensive workplace program and Figure 1 for proportion of enterprises implementing comprehensive HIV workplace program by year.

Table 1. Proportion of enterprises implementing 10 components of the comprehensive workplace program

Workplace-based HIV/AIDS program components	Proportion of 118 enterprises	
	Year 2	**Year 3**
1. Establish an HIV/AIDS prevention committee	64.4%	90.7%
2. Develop HIV/AIDS policies at the workplace	52.5%	88.1%
3. Develop a work plan and budget	82.2%	94.9%
4. Establish enterprise's peer education team	97.5%	100%
5. Carry out HIV communication activities	71.2%	91.5%
6. Carry out a social marketing condom program *Bought condoms to distribute to employees*	100% *8.5%*	100% *5.9%*
7. Referral to VCT, RTI/STI, ART, MMT or detoxification	23.7%	51.7%
8. Provide care and support for PLHIV, HRIs and their family (among enterprises reported to have PLHIV/HRIs)	100%	100%
9. Has quarterly report	-	95.8%
10. Collaborate with community to carry out HIV prevention and control activities	-	46.6%

Figure 1: Proportion of enterprises implementing comprehensive HIV program by year



Training of peer educators and master trainers

The project conducted 13 level-2 peer educators (PE) training courses and 3 level-2 master trainer trainings, in collaboration with local Provincial AIDS Committees (PACs), for a total of 425 PEs trained to carry out HIV activities and 69 master trainers with appropriate skills. Training materials for these trainings were adapted from PSI's standard training materials and tools. As our annual target was to train 400 peer educators and master trainers, we exceeded this target by 24%. This number accounted for 71.5% of total number of PEs appointed by 118 project-supported enterprises. VCCI organized a competition on HIV prevention in the workplace in HCMC to enhance knowledge on HIV prevention among employees. Five enterprises participated and received awards.

HIV communication activities

Among 97,630 employees in 118 enterprises[1], a total of 34,200 employees were estimated to be likely to engage in behaviors that would put them at high risk for contracting HIV. All of these high-risk employees were reached through either individual or small group communication activities. In addition, among those engaging in high risk behaviors, 19,121 employees were reached through large scale group communication activities about HIV prevention and reduction of stigma and discrimination to create supportive working environments for PLHIV and HRIs.

The project does not pay a stipend/salary for PEs or provide financial support for the HIV/AIDS committees to implement this program, nor does it cover costs for communication activities, condoms, or equipment. The project only provides technical assistance, IEC materials, and capacity building support. Other fees are covered by the enterprises themselves.

[1] Rapid assessment among 2,143 employees at 118 enterprises indicated that 35.2% of employees reported to practice unsafe sex with a sexual partner who was not either his/her spouse or lover in the last 12 months.

Workplace-based condom social marketing

The workplace program ties into PSI's social marketing program by promoting social marketing as part of a comprehensive HIV/AIDS prevention program. Through the communication activities, PEs encouraged employees to buy condoms at traditional outlets surrounding the workplace/resident areas. From information gathered on supportive supervision trips, employers and employees reported that people in need already knew where to get a condom. However, many of them reported that condom outlets were not placed close to their workplace or dormitories/rented houses.

During the reporting period, 7 enterprises bought a total of 14,100 condoms from PSI to distribute to employees free of charge. Other enterprises hesitated to do so as they would not be able to claim tax benefits for procurement of condoms.

Voluntary Counseling and Testing

During the past year, 45 enterprises referred their employees to VCT sites in the community. In total, 1,024 employees (531 male and 493 female) were referred.

Additionally, three enterprises conducted on-site VCT services in collaboration with the local VCT team and the mobile FHI-VCT team for 812 employees (370 male and 442 female). Among those, 2 tests were positive and the other 4 tests have not been able to be confirmed yet (will be re-tested after 8 weeks).

STI/RTI referrals

Of 118 project enterprises, 52 enterprises either referred 6,028 employees (2,219 male and 3,809 female) to STI/RTI services in their communities or conducted STI/RTI check-ups on-site.

Care and support

Over the last six months, 21 enterprises carrying out HIV prevention programs and employing PLHIV and HRIs reported providing care and support to employees. In total, 101 employees living with HIV or with a history of drug use received care and support by the project enterprises. Among these, 100% were provided psychological support. Additionally, 11 HIV-infected employees have been referred to ART and are now receiving this treatment. Fourteen pregnant women were referred to PMTCT sites for testing and counseling, two RDUs were referred to and are now receiving MMT.

HIV fund. Information on this will be described in Task 4 below.

3. <u>Promoting job recruitment and retention for PLHIV/HRIs</u>

During the reporting period, the project worked with 118 project-supported enterprises under the workplace program to create a supportive and discrimination-free working environment through the development of HIV-sensitive workplace policies (days off for regular treatment; dispensation of medicines; urgent financial support; psychological counseling, etc.) and

communication to reduce stigma among employees. These enterprises have employed 101 PLHIV/HRI. Among those, 81 were RDU. In addition to that, five PLHIV were contracted by enterprises to carry out HIV communication activities for employees in the workplace.

4. Co-chair the Technical Working Group (TWG)

The project has continued to co-chair the TWC with VAAC to support the government in developing policies to reinforce implementation of the guidelines. A TWG meeting was conducted in November 2010 to introduce the National Guidelines on the Implementation of HIV Prevention in the Workplace that were approved by the MOH and were distributed to PAC and enterprises through VAAC, VCCI and other partners. The project has been working with local VCCI and PAC HCMC, Can Tho and Nghe An provinces, to develop an activity and financial plan to implement the HIV programs in the workplace according to the MOH's decision.

Additionally, the project continued to collaborate with HPI to work with Ministry of Finance in revision of Decree 124/2008 related to tax incentives for enterprises carrying out HIV workplace program and/or recruiting PLHIV and RDU, as initiated in Year 2.

Furthermore, the Project provided technical assistance to VAAC in the development of the new National Strategy on HIV/AIDS, particularly the sessions on impact mitigation and M&E.

Lessons Learned

- Supportive supervision trips were effective in exploring difficulties that enterprises encountered when they implemented HIV workplace programs and provided timely advice to help the enterprises address these difficulties.
- Enterprises have been more involved and invested in the HIV workplace program and have allocated more human and financial resources to the program. However, it will take time to help enterprises implement the HIV program with the expected level of quality.
- Job retention rate among PLHIV/HRIs working in project enterprises is very high (more than 95%) due to the IEC/BCC activities that improve the level of commitment by enterprise managers to promote a non-discriminatory working environment.
- Providing support to help enterprises implement HIV workplace programs is considered an effective incentive for enterprise managers to allocate more resources to CSR activities.

Explanation/justification where achievements exceeded/fell below target

Results of these activities have exceeded expectations.

Plan for the next year:

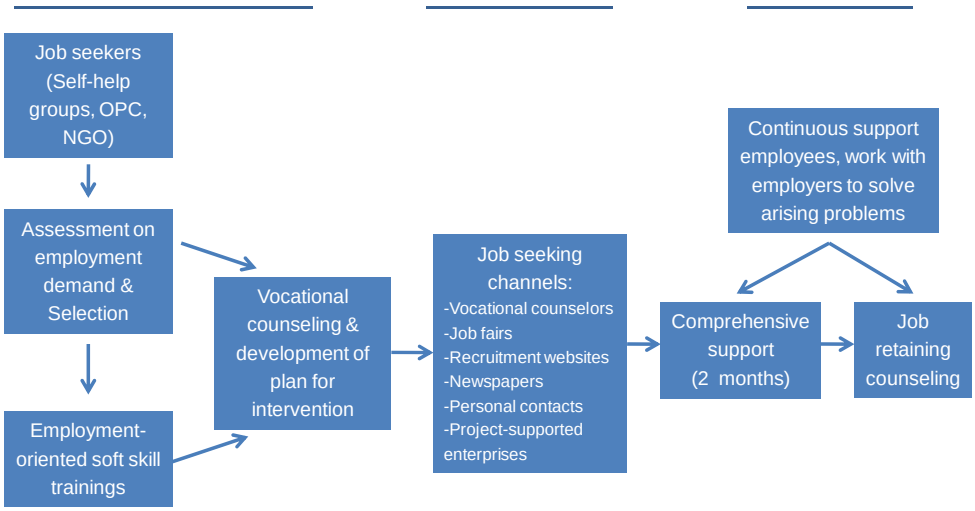
- Start handing over the workplace program to VCCI and business associations.

- Continue to conduct supportive supervision trips to enterprises, in collaboration with VCCI.
- In collaboration with local partners, continue to disseminate the Technical Guideline on Implementation of the HIV Program in the Workplace.
- Intensively support MoF to finalize the Decree 124 and get approval.

Task 2. Continue strengthening integrated vocational training and the job referral system to increase access to jobs for PLHIV/HRIs through competitive job markets and enterprises receiving Project support under Task 1

Overview

The purpose of this task is to develop the paid-employment component of the economic rehabilitation strategy. In the last year, the project continued providing economic strengthening services to PLHIV/HRIs in Hanoi and HCMC. The intervention process is demonstrated as below:



1. <u>Screening</u>

Collaboration with Out-Patient Clinics (OPC):

In the first six months of the fiscal year 3, besides collaborating with NGOs and self-help groups, the project strengthened its collaboration with OPC to identify and screen PLHIV/HRIs in need of employment support. During this year, the project collaborated with NGOs (FHI, MdM, Pact's partners, CDC/Life Gap) and OPCs (Dong Da hospital, DCC Tay Ho, Hoang Mai and HCMC district 3 managed by FHI) to identify and screen PLHIV/HRIs in need of employment

support. The project organized orientation workshops to introduce the project vocational program for OPC staff, integrating employment support services into workshops, providing trainings to OPC patients, and establishing referral systems at OPC units by posting informational posters and leaflets and providing referrals for patients with employment needs.

Establishment of a network of employment supporters in self-help groups

A network of employment supporters who are key members of self-help groups (three groups in Hanoi and three in HCMC) was established and is providing training on how to best approach potential candidates for the employment program. These employment supporters were selected to provide initial support to potential candidates on employment-oriented habit changes, soft-skills improvement and to refer candidates to the project staff.

With the employer supporter network, both quantity and quality of job seeking PLHIV/HRIs were significant increased in comparison with the previous year. In total, there were 352 potential candidates who appeared to have a real need for employment support.

2. Employment preparation

Employment-oriented soft skill training

Depending on the need and work competence, 114 job seeking candidates benefited from employment-oriented soft skill trainings to prepare them for entry into the job market. During a three-day training, candidates were trained in skills on improving self-esteem, anger management, communication, and job searching skills (vacancy search, CV preparation and application, interview). After the training, candidates were given regular one-on-one vocational counseling to motivate them during their employment search, discuss potential challenges and identify plans to overcome them, and refer candidates to appropriate employment services such as vocational training and internships, etc.

A job directory, with information on the 30 most common jobs for PLHIV and HRIs (collected during the research and intervention program in year 2), was designed to help employment candidates obtain a basic understanding of the jobs of high interest, and then work with the vocational counselor to proceed with their job search.

Vocational training

The project utilized a variety of approaches to provide appropriate vocational training for beneficiaries to develop their skills for prospective jobs. These included referrals to appropriate official VTCs (based on results of the VTC mapping in year 2), and work with organizations and enterprises to explore both vocational and on-the-job training opportunities.

3. Job entry

The project continued to utilize a variety of job-seeking channels to support employment candidates in their search to obtain employment. These included: institutional channels of employment mediation, through job fairs and public employment agencies in Hanoi and HCMC; local NGOs (SCDI) and employment supporters playing the role of employment agencies that serve this specific population; project supported enterprises directly recruiting PLHIV/HRIs; and job seekers developing skills to job search independently.

Key results of the intervention in the first six months of year 3

- 352 PLHIV/HRIs received vocational counseling and employment support services; 198 (56.3%) were employed; 172 (48.9%) found a new job; and 26 (7.4%) continued in their previous jobs. Of those who obtained new jobs, 85 (49.4%) were PLHIV; 103 (59.9%) were DU and 11 (6.4%) were SW. Gender difference among this group were relative small with 89 (51.7%) male employees and 83 (48.3%) female employees.
- The majority of paid jobs newly obtained by PLHIV/HRIs were as technical workers, drivers, and security guards for males; and as shop assistants, garment workers, and cleaners for females. A small number of newly employed PLHIV/HRIs worked as office staff. The average monthly net income was 2.87 million VND (equivalent to 143.5 USD), with a range of 1.5-6 million VND, not including insurance or allowances. Income generated from these jobs helped project beneficiaries to improve their livelihoods and their ability to support their families. Moreover, gaining employment not only benefited PLHIV/HRIs financially but also positively impacted their quality of life. They were able to move from being financially dependent on family members or others to being financially independent; from being isolated to being fully integrated into society. At the work place, project beneficiaries built relationships with colleagues and created a new network of social contacts. Many beneficiaries shared their enhanced self confidence and self-esteem with project staff and found their lives much more meaningful.

4. Job retention support:

Counseling and support in job retention were continuously provided to employed PLHIV/HRIs . These included one-day soft skill training (for time management, team work, communication at work place, basic labor law) and counseling in order to help new employees to adapt to the new work environment, solve problems (mandatory health examination including HIV test, HIV status disclosure, time off for medical treatment etc), especially during the first two months of a probation period.

As the result, the retention rate among PLHIV/HRIs was 95% (163 out of 172).

The following table shows results in three years of intervention:

Table 2: Result comparison in three years of intervention

	Year 1	***Year 2***	***Year 3***
# PLHIV/HRIs obtaining new jobs	10	57	172
Success rate	-	29%	48.9%
Average monthly income	-	2 mil VND (1.2 – 5 mil VND)	2.8 mil VND (1.5 – 6 mil VND)

Lessons Learned

- The network of employment supporters in self-help groups showed its initial effectiveness on providing employment support for PLHIV/HRIs with remarkable increase in the number of PLHIV/HRIs being employed.
- Our intervention focused on a beneficiary-centric strategy to ensure customer-focused, timely, efficient, and effective support. Job seeking PLHIV/HRIs required comprehensive counseling and support regarding not only employment-related issues but also psychological, health, emotional, and life orientation, etc. Each candidate needed an average of 2.7 counseling sessions and at most 9 sessions before obtaining a new job.
- Work motivation continued to be the largest factor for PLHIV/HRIs when seeking employment. 172 newly employed PLHIV/HRIs shared their work motivation for self-living, being financial independent, family livelihood improvement, self confidence and self-esteem enhancement.
- Other factors as work experience, education, work skills were much less important. Only half of 172 newly employed PLHIV/HRIs (92 candidates) had work experience. Labor positions were suitable to a majority of job seeking PLHIV/ HRIs that matched their common educational levels at secondary or high school, and some at primary educational level.
- Employment-oriented soft skill training was necessary but not vital in obtaining job. About one third of 172 new employees (55 candidates) received training before job searching.

Explanation/justification where achievements exceeded/fell below target
Activities have been completed as planned and results have exceeded the annual target.

Plan for the next year:

- Collaborate with DOLISA's Employment Introduction Centers to integrate PLHIV/HRIs into existing employment-oriented soft skill trainings for job seekers.

- Strengthen a network and partnership between DOLISA's Employment Introduction Centers and employment supporters from self-help groups to continue motivating PLHIV/HRIs during their job search, discuss their potential challenges and identify a plan to overcome them and refer candidates to appropriate services, such as vocational training, internship, employment support, etc.
- Expand and strengthen capacity of a network of employment supporters who are core members of self-help groups to promote their effectiveness this year and to enhance sustainability of employment support for PLHIV/HRIs.
- Expand an outreach network by collaborating with CDC/GAP, FHI, and GF to provide vocational counseling and employment support services to OPC patients/ caregivers and Methadone clients.

Task 3. Provide microfinance technical assistance and services for PLHIV/RDUs through capacity building; improving the existing livelihood projects of HIV-focused organizations and pilot lending models with VBSP and TYM Fund

Overview

Prong A - Beneficiaries: Continue to build the capacity of MF activities for staff working on existing livelihood programs and for HRI loan recipients:

In collaboration with Pact, the project conducted a quick pre-survey of needs for livelihood-related capacity building among Pact's partners. As a result of the survey, a meeting was held with eight of Pact's partners to present different opportunities to create jobs for PLHIV/HRIs. After the meeting, the project conducted visits to individual Pact partners to explore their needs for support. It was proposed that the project should conduct training on business development for staff of two partners, WV and CESVI. Both organizations already implement a credit program but face difficulties in helping their clients initiate effective businesses. WV and CESVI also expressed their need to have timely technical assistance to help their clients to carry out livelihoods activities.

In total, there were 219 clients trained on business start-up and implementation. Particularly, the project created linkages between 12 motivated PLHIV/HRIs who are clients of CESVI and suitable private enterprises that already have profitable chicken value chains to run household-based chicken farms. The project is providing support to Pact to develop plan to support the group to be self-financing.

Prong B - Supporting Environment: Building a partnership between the Vietnam Bank for Social Policies and local HIV organizations *AND* Prong C - MF Provider/TYM Fund: Establishment of a linkage between an HIV organization and a professional microfinance institution to mainstream HIV into the microfinance institution's operations.

Overview

The main focus of this prong is to improve PLHIV and HRI's access to integrated HIV/AIDS and microfinance services.

In Y3, the project has successfully negotiated and agreed with FHI, VBSP, and TYM partners on the proposed pilot models and responsibilities of each partner. Together with Chemonics' Home Office staff, the project provided technical assistance for grant management to FHI, VBSP, and TYM to review and provide comments on FHI's draft Sub-Agreement for the sub-grants.

The project has successfully worked together with FHI and USAID counterparts in Hanoi to prepare necessary justifications to be compliant with ADS 219 and responded to USAID's inquiries in order to receive approval from USAID's regional office. The approvals were granted by the end of February (for TYM) and in March (for VBSP). The MOU and other related documents have been discussed, agreed and signed by all implementing partners of both TYM and VBSP models. The process of getting approval for "loan fund" grants was longer than expected. During the process, the project increased knowledge of USAID's guidelines and principles on assisting microenterprise development and assisted USAID to prepare a brief presentation on this topic to share with Pact's partners.

The project has successfully negotiated with TYM's Microinsurance Fund and VBSP to provide equal access to PLHIV and their affected to its services.

The project has conducted training and technical assistance for all concerned staff (managers, technical staff and credit officers) of both TYM and VBSP and PAC/OPCs in the project areas. By 30 September 2011, about 308 people who are concerned managers and staff of TYM and VBSP both in their head offices and branch offices have been trained on the partnership models, their responsibilities in the model, basic HIV/AIDS knowledge and stigma reduction. About 120 leaders, staff and local collaborators of PAC in HCM and Nghe An have been trained and oriented on the partnership model, microfinance services and process of referring potential target clients to VBSP and TYM. These activities effectively ensured that everyone involved is well aware of their respective responsibilities and knows how to provide equal and effective access to MF services for PLHIV and RDUs who are in need of financial services for self-employment opportunities.

By 30 September 2011, under Project support, 50 people from the project target group have accessed microfinance services for economic activities. Of them, 46 clients are PLHIV, RDU (including methadone clients) and HIV affected and received loans for a total amount of 510 million VND from the FHI grant and 4 got loans for a total of about 35 million VND from TYM courterpart funding. Under the VBSP model, FHI and Save Living have screened and provided business development training and referred to VBSP about 32 RDUs and PLHIV. Of them 24 were approved and received loans with a total amount of 345 million VND. In TYM model, the project screened and referred 48 potential clients who are HIV infected and affected. Of them 26

received loans for a total amount of 167 million VND (for 22 clients) from FHI grant and 35 million VND (for 4 clients) from TYM counterpart funding. The rest are 12 who are residing outside TYM's operational areas and 10 were not qualified and had no need for loans after being introduced.

1	No of people trained on HIV/AIDS, Methadone, stigma reduction and lending to PLHIV and RDUs	158	150	308
2	No of people trained on microfinance for PLHIV and RDUs	40	80	120
3	No of people getting economic counseling and referred to TYM and VBSP	48	32	80
4	No of people who received microloans for economic activities	26	24	50
5	No of savers	26	24	50
6	Total savings balance	10,965,400	1,000,000	11,965,400

** This does not include about 50 potential clients who have been provided business training, economic mentoring and just been referred to VBSP and TYM by end of September.*

The target clients have invested VBSP and TYM loans in various economic activities including animal husbandry (pig, chicken and cow raising), services (coffee shop, electricity engineering, scrap trading, fish selling, motorbike repairing, carpentry, food vending, rice trading), production and processing (noodle processing, rubber buckets recycling).

The project also strengthened connections and visited different self-help groups in Nghe An, Thai Nguyen, Hanoi and HCMC to present the partnership models, VBSP and TYMs services. The project trained and developed a pool of 11 local collaborators in Nghe An, Thai Nguyen and Hanoi, who are leaders and key members of self help groups and local staff of OPCs to support TYM's model in identifying potential clients. The project also provided technical assistance and capacity building to all concerned FHI local collaborators and staff, especially vocational counselors and case managers on referral procedures and how to work with local VBSP transaction offices.

In June 2011, an international microfinance expert, Ms. Nancy Natilson conducted a preliminary review of the project models with both TYM and VBSP. The review confirmed the feasibility and effectiveness of the partnership models and came up with valuable recommendations for early improvements to ensure the success of the project.

The project also worked with M7 Network and Vietnam Microfinance Working Group (MFWG) to introduce and promote "social responsibility of MFIs in the fight against HIV/AIDS" through workshops, meetings and trainings organized by M7 and MFWG. The project submitted a grant

application to the Office of the Global AIDS Coordinator (OGAC) for an expansion of the microfinancing activity through a private-public partnership (PPP) approach. The grant has been approved and will soon begin implementation during Year 4.

Problem encountered

- The length of time needed to secure USAID approval for the microfinance pilot project affected the projects' partners' work plans; the project worked to maintain partner commitment and enthusiasm during this waiting period and both HIV Workplace project staff and partners have worked to adjust their work plan and priorities.
- VBSP's personnel changes in both VBSP's Head office and HCMs branch office have also created difficulties that affected the project's microfinance plan and phase-in activities.
- Organizational changes in TYM's management of microfinance and micro insurance schemes have caused obstacles for the project. The project worked hard to develop a solution to ensure pilot project implementation as it was designed.
- Difficulty in identifying potential clients, especially in areas of TYM model. This is because TYM's outreach has not yet covered all communes and hamlets in the respective project sites, which lead to difficulties in accepting those residing outside TYM areas. The project is still working hard with TYM management to adjust TYM client recruitment policy. Additionally,in Nghe An province, where more TYM branches are concentrated, business and economic development opportunities are limited which may explain the low demand for micro credit among potential clients.
- Difficulty in working with some leaders of VBSP's credit and savings groups to recruit the project target group into their current beneficiaries due to stigma against PLHIV especially RDUs.

Lessons Learned

- Stigma towards PLHIV and HRIs is the greatest obstacle faced in negotiating with partner MFIs. As a result, it is especially hard to get the partnered MFIs to agree to provide the full package of their current services to PLHIV, especially when requesting packages that would include micro insurance services. Raising awareness and providing up-to-date information on the improvements in HIV/AIDS treatment and available support was found to be a successfully solution to this problem. Project staff can, in this way, help partners to better understand the target groups, and to gain a realistic understanding of the potential related risks.
- In doing microfinance for PLHIV, especially RDUs there needs to be an effective pre-credit screening mechanism to ensure appraisal of characteristics of potential borrowers (health/treatment of ARV or methadone, credit history, family relations, etc.) These can be

crucial and even decisive factors in reducing sigma and ensuring the effective usage and repayment of microcredit.

- Political will and support from partners and their related stakeholders, specially local authorities is critical for successful piloting of a new project. This support needs to be built up gradually to gain partners' commitment and buy-in on the proposed models. Thus, proper investments of time, efforts, budget for capacity building, and advocacy should be considered and included in the program.
- In partnerships, remaining patient and respectful towards each partner's culture and procedures is very important.

Explanation/justification where achievements exceeded/fell below target

- Delays during the first six months when it was unclear whether the project would be approved or not also led to delays in implementation of some of the planned capacity building activities for project partners.
- The process of seeking approval from both FHI and USAID for the grant funding to TYM and VBSP took six months longer than expected resulting in a delay in starting Prong B and C. This has affected the achievement of the targets and indicators of the two models set for year 3. For the capacity building component, the project achieved 100% of the target; however, the project has achieved only 42% of the target of borrowers (50/120) for the reasons discussed above.

Plan for Y4

Year 4 interventions will focus on strengthening the VBSP and TYM models by accomplishing activities planned but not implemented in Y3 and improving the capacity of different partners in the referral process in addition to lending to the project's target population. Year 4 activities will also focus on implementation of recommendations from the initial review of the pilot models conducted by an international microfinance expert in June 2011 to ensure successful implementation. Based on results from both models, activities to support VBSP and other similar Vietnamese agencies will contribute to implement advocacy for local Government support to extend VBSP model and to replicate the TYM model to MFI M7 in other high HIV prevalence provinces.

<u>VBSP model</u>

Strengthen the VBSP model through c*apacity building* for the staff and local partners of FHI (PAC and DOLISA) on microfinance and screening, selection of borrowers and loan utilization reviews.

Continue providing technical assistance and coordination. The project will enhance technical assistance, supervision and coordination among different partners including FHI/PAC, VBSP and Save Living during the implementation process.

Advocate local government to allocate resources for this model. Building from the initial results of VBSP model, the project will support VBSP and other Vietnamese agencies (PAC and DOLISA) to promote the partnership model between VBSP and the Health sector to advocate for local government funding for RDUs and PLHIV in HCMC.

TYM model

Strengthen the TYM model through capacity building for TYM staff on HIV and stigma reduction. In addition, gender and business development training using the "Get Ahead"[2] curriculum and coaching will be continued for newly selected and on-going borrowers of TYM.

Continue providing technical assistance and coordination. The project will enhance technical assistance, supervision and coordination among TYM's staff and local collaborators including self-help groups, OPCs and local Women's Union during the implementation process.

Working with M7 to replicate TYM model. Building from the initial results of mainstreaming the TYM model and the approval of PPP funding, the project will support the M7 network through its secretariat body – CFRC to replicate the TYM model in Quang Ninh and Dien Bien province.

Evaluation

In May/June 2012, the project will conduct an evaluation and documentation of the models with the intention to scale up through other projects, such as the upcoming Pathway for Participation Project or similar activities.

Task 4. Continue to reinforce corporate social responsibility (CSR) to support employment programs for PLHIV/HRIs.

Overview

The purpose of this task is to encourage enterprises to provide increased resources for HIV/AIDS programs including HIV workplace programs, enabling communities to carry out HIV prevention programs and supporting the recruitment of and business development for PLHIV/HRI.

During the reporting period, CSR activities included:

- Motivating 118 project-supported enterprises to cover the cost of implementing an HIV workplace program; enterprise contributions to surrounding communities to conduct HIV prevention and control events; and CSR funding for PLHIV/HRIs to start up their

[2] A training curriculum developed by ILO to train women on business start-up and development.

business. It is estimated that these enterprises have contributed 164,183 USD to cover the costs for this activity during the reporting period.

- Motivating and working with 7 enterprises to buy subsidized condoms from PSI's social marketing condom program.
- Working with PAC HCMC and VCCI to develop a detailed plan for CSR activities including organizing events (which integrating into existing events by VCCI), developing criteria for selecting beneficiaries, establishing a process for fund collection and disbursement, and allocating roles and responsibilities among partners. Prepared two short movie clips for the CSR program. The clip will be used to advocate for CSR activities. The CSR event is planned for November 2011.
- Working with M7 to start up a partnership program between M7 and PAC in Quang Ninh and Dien Bien provinces? to provide microfinance services to PLHIV and HRIs. M7 has committed to contribute 600,000 USD for loan and administration costs to run the program.

Through project activities, a total of **764,183 USD** was mobilized to cover the costs of HIV prevention activities and care, support, and economic development for PLHIV/HRIs.

In addition to this, the project conducted 30 supervision trips in Hanoi and Hai Phong to provide support and supervise businesses run by PLHIV/HRIs who received financial support from enterprises in the previous years.

Lessons Learned

- CSR activities require collaboration between the project, VCCI and the PAC to facilitate linkages between enterprises and people in need of support. The collaboration will also help to develop a sustainable system for implementation of CSR activities.
- There is a need to develop an incentive policy for enterprises who contribute financial resources for HIV program. It is recommended that the policy enable enterprises to claim expenses for HIV program as part of their production costs, and therefore, be eligible for tax benefits. It is also recommended that the government officially acknowledge enterprises engaged in CSR through certificates or awards.

Explanation/justification where achievements exceeded/fell below target

Activities have been completed as planned and results have exceeded the annual targets.

Plan for next year

- Conduct CSR event in HCMC, in collaboration with local VCCI and PAC to encourage enterprises to provide financial resources to support PLHIV/HRIs, their families, and communities.

- Meet with individual enterprises during supervision trips to seek CSR support for PLHIV/HRIs.

PROGAM MANAGEMENT

Reports and work plan

Monthly and semiannual reports were submitted on time and presented at the monthly meetings to the USAID team.

Staffing

- Ms Nguyen Thi Dieu Hang was hired in October 2011 as the Micro-finance and Community Development Officer.
- The PMU Project Associate Mr. Kevin Johnson was replaced in March by Ms. Upekha Weerasinghe.

There were no consultants hired to work for the project during the reporting period.

Subcontracts

The project has extended subcontracts with previous partners and selected two new subcontractors. All have firm fixed-price subcontracts with Chemonics International. Please see below for detailed information:

#	Sub-contractor	Key activities assigned	Total Amount
1	VWEC	HIV prevention interventions in Ha Noi, Hai Phong and Quang Ninh (extending contract)	VND 185,480,000
2	VCCI Nghe An	HIV prevention interventions in Nghe An (extending contract)	VND 63,400,000
3	VCCI HCMC	HIV prevention interventions in HCMC (extending contract)	VND 70,590,000
4	SCDI	Soft-skills trainings and vocational counseling to PLHIV/HRIs	VND 1,286,710,932
5	SCC	Micro-finance capacity building for program staff and business development improvement for PLHIV and HRIs in Hai Phong, Hanoi (extending contract)	VND 156,000,000
6	Safe Living	Capacity building on business development for HRIs and HRIs potential clients of microfinance services in HCMC	VND 568,167,500

The sub-contract for an HIV organization to partner with TYM was canceled as the project was not able to identify a qualified organization to fulfill this task. Instead, the project recruited field collaborators who were PLHIV/HRI to support the recruitment of potential clients.

Grants

Two grants for VBSP and TYM were canceled after consulting with USAID. These were taken over by partner organization FHI360 to provide funding for microfinancing activities.

Communications

Four success stories have been completed and submitted together with this annual report.

International travel

Ms Andrea Poling traveled to Vietnam from January 9, 2011 to January 22, 2011 to provide grants management training. Ms. Poling provided technical assistance to Task 3 under the approved Year 3 work plan and helped design the project's microfinance pilot program and oriented staff on how to use grants for microfinance. HO Director Patricio Murgueytio visited Vietnam in June 2011 to participate in Y4 workplanning and hold meetings with USAID.

Plan for next year

- HO Project Director will visit field office to help develop the Year-5 work plan.
- International microfinance consultant will visit field office to conduct final evaluation of the piloting microfinance models with VBSP and TYM.

PROGRESS AGAINST PROJECT INDICATORS

Program Area	Achieved	Target	Percent of Target Achieved
PEPFAR INDICATORS			
PREVENTION Sub area 8: Sexual Prevention			
P8.1.D – Number of the targeted population reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	37,637	20,000	188%
Male	*18,744*		
Female	*18,893*		
P8.2.D – Number of the targeted population reached with individual and/or small group level preventive interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	37,637	20,000	188%
Male	*18,744*		
Female	*18,893*		
PREVENTION Sub area 10: Work Place			
P10.1.D. Number of enterprises implementing an HIV/AIDS workplace program, providing at least one of the 4 critical components	118	90	131%
P10.2.D. Estimated number of people reached through workplace programs	67,419	50,000	135%
Male	*27,525*		
Female	*39,894*		
CARE			
CARE sub area 1: Umbrella			
C1.1.D. Number of eligible adults and children provided with a minimum of one care service	700	700	100%
Male	*362*		
Female	*338*		
CARE sub area 5: Support Care			
C.5.6.D. Number of eligible adults and children provided with psychological, social, or spiritual support[3]	266	160	166%
Male	*157*		
Female	*109*		
C.5.7.D. Number of eligible adults and children provided with Economic Strengthening services[4]	700	700	100%

[3] Support service in this indicator refers to soft-skills training

Program Area	Achieved	Target	Percent of Target Achieved
Male	*362*		
Female	*338*		
ADDITIONAL INDICATORS for HIV Workplace Program development and systems strengthening			
1. Number of enterprises trained in HIV prevention	118	90	131%
2. Number of people trained on workplace-based HIV prevention	494	400	124%
Trainer	*69*		
Peer educator	*425*		
3. Number of enterprises trained in the provision of services to improve employment retention of high-risk employees	118	100	118%
4. Number of enterprises who employ and/or support post- recovery IDUs and other high risk individuals	21	20	105%
5. Number of high-risk individuals employed and/or receiving supportive services from targeted enterprises	417	450	93%*
6. Number of enterprises implementing all 8 components in the comprehensive workplace model	82	80	102.5%

** This indicator did not meet the target because of the delay in implementation of the MF program.*

[4] Economic Strengthening services include vocational counseling, provision of information on job opening, vocational counseling, job creation and retention, and micro-finance services