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**HIV WORKPLACE
PROJECT**



ANNUAL PROGRESS REPORT

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

October 2011 – September 2012

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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti Retroviral Therapy
ASO	AIDS Service Organization
CDC/GAP	Centers for Disease Control and Prevention/Global Aids Program
COHED	Center for Community Health and Development
CSO	Civil Society Organization
CSR	Corporate Social Responsibility
CFRC	Community Financial Resource Center
DOH	Department of Health
DSEP	Department of Social Evils Prevention
DU	Drug User
FHI	Family Health International
FY	Fiscal Year
HCMC	Ho Chi Minh City
HIV	Human Immune Deficiency Virus
HPI	Health Policy Initiative
HRIs	High-Risk Individuals
IEC	Information-Education-Communication
M7	Microfinance Network
MARP	Most at Risk Population
MFI/MFO	Micro Finance Institution/Microfinance Organization
MMT	Methadone Maintenance Treatment
MOFI	Ministry of Finance
MOH	Ministry of Health
MOLISA	Ministry of Labor, Invalids, and Social Affairs
NGOs	Non-Governmental Organization
OPCs	Out Patient Clinics
PAC	Provincial AIDS Center
PE	Peer Educator
PEPFAR	President's Emergency Plan for AIDS Relief
Pfp	Pathways for Participation
PLHIV	People Living with HIV/AIDS
PPP	Public Private Partnership
PSI	Population Services International
RDU	Recovering Drug User
RTI	Reproductive Tract Infection
RTI Inc.	Research Triangle Institute Inc.
SCDI	Center for Supporting Community Development Initiatives
SHG	Self Help Group
STI	Sexually Transmitted Infection
SW	Sex Worker
TA	Technical Assistance
TWG	Technical Working Group
TYM	Tau Yeu Mai Fund
USAID	United States Agency for International Development
VAAC	Vietnam Administration for AIDS Control
VBSP	Vietnam Bank for Social Policy
VCCI	Vietnam Chamber of Commerce and Industry
VCT	Voluntary counseling and testing
VND	Vietnamese Dong
VWEC	Viet Nam Women's Entrepreneurs Council
USD	United States Dollar
WU	Women's Union

INTRODUCTION AND SUMMARY

This report presents the annual activities of the USAID-funded Workplace-Based Prevention and Employment Supportive Services for High-Risk Individuals in Vietnam (USAID HIV Workplace Project, or ‘the project’) implemented by Chemonics International, for the period of October 1, 2011 through September 30, 2012. This five-year project, which runs through September 30, 2013, recently completed its fourth year of implementation.

The USAID HIV Workplace Project works with partnership with government of Vietnam agencies, the private sector, and civil society to prevent HIV infection among high-risk individuals (HRIs) at the workplace. The project also aims to provide employment opportunities and economic strengthening services for people living with HIV (PLHIV) and HRIs to help reduce the stigma and discrimination these groups face, and to stabilize their economic conditions. Based on the project’s monitoring and evaluation of project activities, all 13 annual targets, as outlined in Year 4 work plan, have been achieved or exceeded during Year 4 of implementation. The project’s main achievements of Year 4 can be highlighted as:

- **Increased coordination among stakeholders**, including government agencies, PEPFAR implementing partners (Family Health International (FHI), Pact/Center for Community Health and Development (COHED), Abt Associates/Health Policy Initiative (HPI), Center for Supporting Community Development Initiatives (SCDI), Pathways for Participation (Pfp)/Research Triangle Inc. (RTI Inc.), and Community Financial Resource Center (CFRC)/Microfinance Network (M7), and the business sector through Vietnam Chamber of Commerce and Industry (VCCI)/Viet Nam Women’s Entrepreneurs Council (VWEC) to incorporate and support HIV/AIDS prevention training in the workplace.
- **Significant contribution to sustainability of workplace prevention program** through rolling out the National Technical Guide on the implementation of workplace based HIV/AIDS prevention and control, building capacity of provincial VCCIs, promoting cost sharing among enterprises, and integrating employment support for PLHIV/HRIs into HIV prevention programs.
- **Increased reach of support services**. In Year 4, 374 PLHIV/HRIs were provided vocational counseling and employment support services. More than 400 PLHIV/HRIs gained and maintained stable jobs. Among those, 261 job seekers obtained new jobs in the competitive labor market as a result of vocational counseling and employment support program, 95 PLHIV/HRIs received corporate social responsibilities (CSR) funds from project enterprises and technical support from the project to start and expand their own business, and 50 PLHIV/HRIs in SHGs in Hai Phong were self-employed via profitable product value chains. It is noteworthy that the success rate of paid-employment program was approximately 70 percent.
- **Encouragement of enterprises to participate in CSR activities to provide employment support to PLHIV/HRIs**. In Year 4, sixteen enterprises in Ho Chi Minh City and Mekong delta provinces received CSR awards by the project in collaboration with VCCI. These

enterprises have provided a grant and work equipments worth USD \$13,000 for PLHIV and RDUs' livelihood activities.

- **Facilitation of MFI partnerships.** The project introduced PLHIV/HRI clients to microfinance institutions (MFIs) by setting up partnerships between banks and organizations working in the HIV/AIDS field, mass organizations, and self-help groups which have helped the project to achieve 100 percent of the annual target of trainees and 106 percent of the annual target of the borrowers within fiscal year (FY) 4.

Since October 2011, the project has focused on developing its best practices including models, approaches, trainings, communication, and partnerships linkages. Additionally, the project promoted sustainability through building capacity of its partners by focusing on three specific objectives set forth for Year 4:

Objective 1: Supporting targeted enterprises in their implementation of sustainable and comprehensive HIV prevention programs to reduce HIV-related risk behaviors among employees, reduce workplace stigma and discrimination against HIV-positive peers, and support employment services for recovering RDUs, include returnees from Rehabilitation Center number 05/06, which provides interventions for the drug users and most-at-risk people, and PLHIV.

Objective 2: Testing and promoting innovative approaches to improve access to health services, including, but not limited to, HIV counseling and testing, drug treatment, and anti retroviral therapy for employees and, most importantly, for RDUs, 05/06 returnees and PLHIV.

Objective 3: Developing sustainable models to improve the access to employment services for recovering RDUs, 5/6 returnees, and PLHIV, including vocational training, employee job placement, job retention and innovative job recruitment opportunities, self employment through micro-financing, and other supportive services.

Over the final 12 months of implementation, the project will complete the remaining component, which consists of mainly providing technical assistance to partners in micro finance and policy advocacy, and prepare for handing over the evidence-based best practices to our partners, and complete a phase-out of activities.

Below, we present progress toward project objectives, lessons learned to date, problems or constraints encountered, and proposed solutions/activities for each of the programs as stated in the Year 4 work plan of the project.

PROGRESS TOWARD OBJECTIVES AND PROJECT INDICATORS BY PROGRAMS IN YEAR 4

Task 1 - HIV/AIDS Prevention at Workplace Program

The project reached its Year 4 set targets for this component. In particular, the component has focused on: strengthening the capacity of provincial VCCI and business associations to provide supervision to targeted enterprises in implementation of workplace based HIV prevention program; providing technical assistance to business associations and enterprise cooperation to develop strategy on HIV prevention in the workplace: promoting and continuing to leverage cost-sharing among enterprises for HIV prevention program; providing technical assistance to the Ministry of Finance (MOF) to develop a guideline on tax benefits for enterprises; identification and support of a Vietnam HIV/AIDS Administration Committee, a government agency focused on the integration of HIV-related supportive supervision into existing supportive supervision activities; and cooperation with VCCI/VWEC to disseminate and monitor the implementation of the National Technical Guidelines on HIV Prevention in the Workplace.

Strengthening capacity of provincial VCCI for quality improvement

In Year 4, the project strengthened the capacity of local VCCI staff through hands-on training during seven supervisory trips by project staff. These trainings included discussions on topics such as: planning of supportive supervisory visits; skills to carry out supportive supervision of enterprises; completion of reporting forms; report writing; and project management.

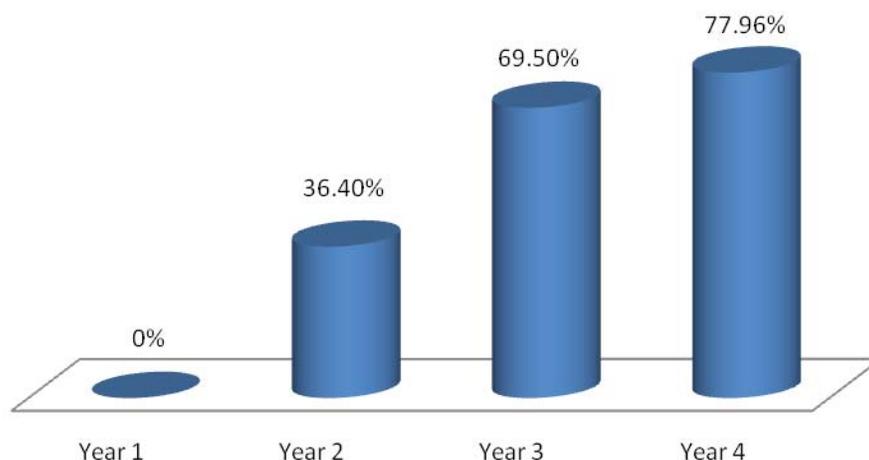
Rolling out the National Technical Guidelines on HIV Prevention in the Workplace

By the end of Year 4, all 118 targeted enterprises received technical assistance from provincial VCCIs to strengthen the implementation of comprehensive HIV/AIDS prevention packages, including: the development of workplace policies; delivery of HIV communications to raise awareness, increase knowledge, and reduce HIV-related stigma and discrimination; condom promotion programs; and the provision of care and support to PLHIV/HRIs through job recruitment and retention.

Local VCCIs and VWEC conducted 39 quarterly supervisory visits to individual enterprises to make sure their activities were in line with the Technical Guidelines on HIV Prevention in the Workplace. At present, among 92,106 employees in the 118 targeted enterprises, a total number of 43,154 beneficiaries were reached by individual peer educators through small group and/or large group training and communication events. This number is more than double the project's target of 20,000 people to be reached of Year 4. By end of Year 4, out of the 118 targeted enterprises, 92 enterprises (approximately 78 percent) carried out a comprehensive HIV workplace program (at least 8 out of 10 components).¹ This result is more than an 8 percent increase compared to Year 3, and a 6 percent increase compared to the first six months of Year 4. These results reflect the positive impact of constant monitoring and technical assistance to the 118 targeted enterprises in Year 4 (see in Figure 1 below).

¹ See Table 1 for a full list of the program components

Figure 1: Enterprises implemented comprehensive HIV program by year



In collaboration with local partner VWEC, the project transferred and finalized a training VCD-ROM on HIV/AIDS Policy and Prevention Intervention at the Workplace. This VCD-ROM will be an effective tool for knowledge management, also help to facilitate the project handover to local partners in Year 5.

The HIV committees at the previously identified enterprises have played an important role in directing, supporting and supervising the implementation of the HIV program in their respective workplaces. Table 1 below shows proportion of enterprises implementing each of the 10 components of the comprehensive workplace program. In Year 4, this component maintained solid results, with 4 indicators increasing slightly. It is noteworthy that 100 percent (an increase of 49 percent) of enterprises conducted HIV/AIDS prevention activities and submitted quarterly reports to the project

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

Workplace-based HIV/AIDS program components	First 6 months of Year 4	At the end of Year 4	Difference
1. Establish an HIV/AIDS prevention committee	90.7%	91.52%	0.82%
2. Develop HIV/AIDS policies at the workplace	88%	88.98%	0.98%
3. Develop a work plan and budget	94.9%	94.9%	0%
4. Establish enterprise's peer education team	100%	100%	0%
5. Carry out HIV communication activities	99%	99%	0%
6. Carry out condom promotion program	100%	100%	0%
7. Referral to VCT, RTI/STI, ART, MMT or detoxification	43%	54.23%	9.23%
8. Provide support for PLHIV, HRIs and their family**	100%	100%	0%
9. Has quarterly report	50.8%	100%	49.2%
10. Collaborate with community to carry out HIV prevention and control activities	61%	61%	0%

*Among all 118 targeted enterprises

**Among 21 enterprises reporting employment of PLHIV/HRIs

In the last six months of Year 4, enterprises reported a 9 percent increase in Component 7 (the rate of enterprises with referrals for voluntary counseling and testing (VCT), reproductive tract infection/sexually transmitted infection (RTI/STI), anti-retroviral therapy (ART), methadone maintenance treatment (MMT) of detoxification), compared to the first six months of Year 4. The increase in referrals is attributed to immediate referrals to public check points rather than organizing a checkpoint within the workplace. The rate of quarterly reporting (Component 9) to USAID HIV Workplace Project staff increased significantly due to the fact that, in the last six months of Year 4, the project extended subcontracts to deploy project partner staff to obtain referral data from the remaining enterprises that had not submitted quarterly reports. This collaboration ultimately allowed staff to obtain data from all 118 enterprises, rather than the 60 enterprises initially contacted by the three subcontracts with VCCI Nghe An, Hanoi and Ho Chi Minh City (HCMC).

Training of peer educators and master trainers

The project has found that peer educators (PE) are very important in reaching large numbers of individuals in cooperating enterprises, as well as in the community, to increase communication for HIV/AIDS awareness and convenient counseling on HIV/AIDS testing and care. In Year 4, the project conducted various training courses, including trainings for master trainers and PEs. A total of 201 PEs and master trainers were trained in the last six months of Year 4, resulting in a total of 401 PE trained throughout the life of the project. After successful completion of training, PEs function as core personnel of HIV communication activities for their respective enterprises. Particularly, PEs have supported the mobile VCT team to provide pre-test counseling to employees. However, trained PEs have reported that overall, they could not conduct information education communication (IEC)/behavior communication change activities often due to high workload and lack of skills in translating appropriate communication activities to their workplace. Additionally, a majority of them expressed a need for refresher trainings and coaching further after project completion

HIV communication activities

At the end of Year 4, 25,150 beneficiaries among 92,106 employees at 118 targeted enterprises were reached by workplace-based trained PEs via individual or small group communication activities. In addition, among those engaging in high-risk behaviors, 18,004 employees were reached through large-scale group communication activities regarding HIV prevention and stigma and discrimination reduction to create supportive working environments for PLHIV and HRIs. Approximately 43,154 people were reached by individual and small groups, more than double the Year 4 target number of 20,000 people and almost double the number reached during the first six months of Year 4 (22,515 people). This is partially attributed to the extended subcontract with VWEC to provide technical assistance, supervision, and monitoring to cover all 118 targeted project enterprises.

Table 2. Number of employees reached with HIV communication activities by PEs in Year 4:

Types of activity	Number of employees reached		
	Male	Female	Total
1. Individual or small group	13,420	11,730	25,150
2. Large scale group	10,303	7,701	18,004
Total	23,723	19,431	43,154

Cost sharing

The USAID HIV Workplace Project does not pay a stipend or salary to PEs, or to the participating HIV/AIDS committees to carry out training programs. Additionally, the project does not cover costs for communication activities, condoms, or equipment, but focuses solely on technical assistance, IEC materials, and capacity building support. Other fees are covered by the enterprises themselves. Over the last 4 years, more than 67,000 people from the targeted project enterprises have been trained on HIV prevention and, in total, 118 targeted enterprises have collectively contributed USD \$764,183 to cover the cost of implementing workplace prevention programs.

Workplace-based condom social marketing

The workplace program ties into Population Service International’s (PSI) social marketing program by promoting it as part of a comprehensive HIV/AIDS prevention program. Through strategic communication activities, PEs encouraged employees to buy condoms at traditional outlets surrounding the workplace/residential areas. Through supportive supervision trips, employers and employees reported that they 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.

In the last six months of Year 4, there were seven enterprises, four of which were new participants, which bought a total of 16,000 condoms from PSI to distribute to employees free of charge to employees. This number is nearly five times more than the number purchased in the first six months of Year 4 (approximately 3,250). Participating companies included Konglung Meko, Machino, Dong Xuan Knitting Company, Vietnam Steel Corporation, Nasteel Vina Company, Ha Vinh Tourism & Trading Company and Doan Ket Company. Other enterprises still hesitate to purchase condoms, as they cannot claim expenses for condoms as appropriate expenses.

Referrals

By the end of Year 4, nearly one half of enterprises (50) referred their employees to VCT sites in their communities. In total, 1,157 employees (646 male and 511 female) were referred. These figures are much higher compare to the respective figures in the first six months of Year 4, in which 36 enterprises referred approximately 500 employees. Additionally, one-third of the

targeted enterprises referred 621 employees (385 male and 236 female) to STI/RTI services in their community or conducted STI/RTI checkups on-site, thus increasing the total number of referrals to STI/RTI in Year 4 to 7,271 employees (2,229 male and 5,002 female). With regard to support care, in Year 4, 21 enterprises employing PLHIV and HRIs reported providing care and support to employees. In total, 100 employees living with HIV or with a history of drug use were provided with care and support by the project enterprises. Among these, 100 percent were provided psychological support. Additionally, eight HIV-infected employees have been newly referred to ART and are now receiving this treatment; three pregnant women were referred to prevention of mother-to child transmission sites for testing and counseling; and one RDU was referred to and is now receiving MMT. All these services are free of charge.

Promoting job recruitment and retention for PLHIV/HRIs

During the reporting period, the project worked with the 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 and conducting stigma reduction communication among employees. By end of Year 4, these enterprises employed 115 PLHIV/HRI, of whom 79 of which have been retained since Year 3. Thirty-six were recently recruited.

Advocacy

In Year 4, the project made an effort to collaborate with HPI to successfully advocate for the Ministry of Finance's 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. This Decree is a significant step in the process of supporting for PLHIV and RDUs as well as enterprises who involved in these programs.

Lessons Learned

As referenced above, activities have been completed as planned and results have exceeded the annual targets. Overall, in Year 4, the project noted that:

- Supportive supervisory trips were useful to explore difficulties that enterprises encountered when they implement HIV workplace program and timely provide advice to address these difficulties.
- Enterprises have been paying more attention to the HIV program and allocate more human and financial resources to the program. However, it will take time to help enterprises implementing the HIV program with expected quality.
- Providing support to enterprises to implement HIV program is considered by enterprise managers as an incentive for them to allocate more resources to corporate social responsibility-focused (CSR) activities.

Plan for Year 5:

- Finalize the documentation and hand over to local partner VWEC to reach the initial goal of the Workplace Program that is to integrate HIV/AIDS prevention activities as CSR

activities at workplace. The project will work to ensure that provincial VCCIs and business associations have the capacity to effectively provide technical assistance to enterprises implementing HIV workplace programs and trainings for workplace managers and peer educators. In order to fulfill this task, VWEC under VCCI's management is selected as the focal point to coordinate the replication of the model in as many as possible enterprises member of VCCI/VWEC, contributing to project sustainability.

- Collaborate with local partners to finalize reports of the Workplace Component in order to give final evaluation on what the component has done. This task is aimed to draw on lessons learnt and recommendation to hand over to VWEC to carry on these kinds of activities after the project ends.
- Organize a closeout/dissemination event

Task 2 - Corporate Social Responsibility program

The project reached its Year 4 targets as outlined in the Year 4 work plan for this program. This component focuses on reinforcing CSR to support employment programs for PLHIV/HRIs. The component encourages enterprises to provide increased resources for HIV/AIDS intervention including HIV workplace programs, encouraging the community to carry out HIV programs at this level and supporting the recruitment of PLIV/HRIs and provide business development opportunities for these groups. Building on successful experiences in Year 3, the program focused on supporting an institutionalized CSR program to increase funding from private sector sources in Year 4. Key activities include: reaching out to successful non-HIV-focused CSR programs and networks; developing CSR tools to encourage enterprises to provide increased funding for HIV program; providing support for PLHIV/HRIs to establish their own businesses, building capacity of self-help groups (SHG) and encourage SHGs to build capacity for its members to implement business development activities; partnering with non-governmental organizations (NGOs) and SHGs so that they can help to select potential clients and provide supervision; and creating linkages between selected SHGs and existing business development services (such as bio-safety agriculture value chains, veterinary support, etc).

During the reporting period, the following CSR-associated activities implemented by the project included successful organization of the 2011 Corporate Social Responsibility Award Ceremony to honor sixteen (16) outstanding enterprises in HIV/AIDS Prevention at Workplace in Ho Chi Minh City (see Annex A). This event was organized in collaboration with VCCI HCMC. The 16 awarded enterprises are from HCMC and the Mekong Delta, and made outstanding contributions on HIV/AIDS prevention and support for PLHIV/HRIs.

Cumulatively, the award enterprises contributed USD \$12,400 (equivalent to VND 260,700,000) in 2011 for PLHIV/HRIs' livelihood activities. This total amount included cash, equipments such as computers and sewing machines, scholarship at university, and previous financial supports for PLHIV, OPCs and recovering drug users (RDU). With 118 enterprises participating in the Comprehensive Prevention Program, the ceremony raised VND 66,700,000 in cash and equipment which were known as CSR fund which was later allocated to six (6) PLHIV/HRIs and three (3) self-help groups in HCMC in March 2012. The process of CSR fund disbursement was strictly implemented by a selection board (including representatives of PLHIV/HRIs, HCMC AIDS Association, provincial AIDS center (PAC), VCCI, the project). The amount of VND

66,700,00 was used as MF loans (with a monthly interest rate at 0.65%) for individual PLHIV/HRI and members of three SHGs in Ho Chi Minh City to start and expand their business in telephone services, variety store/office stationary shop, livestock breeding, tailoring and for SHG to utilize as revolving fund for group members' livelihood activities.

Furthermore, six (6) success stories about outstanding enterprises in HIV/AIDS prevention at workplace during project time have been completed, making a step towards tasks of documenting in Year 5.

Lessons Learned

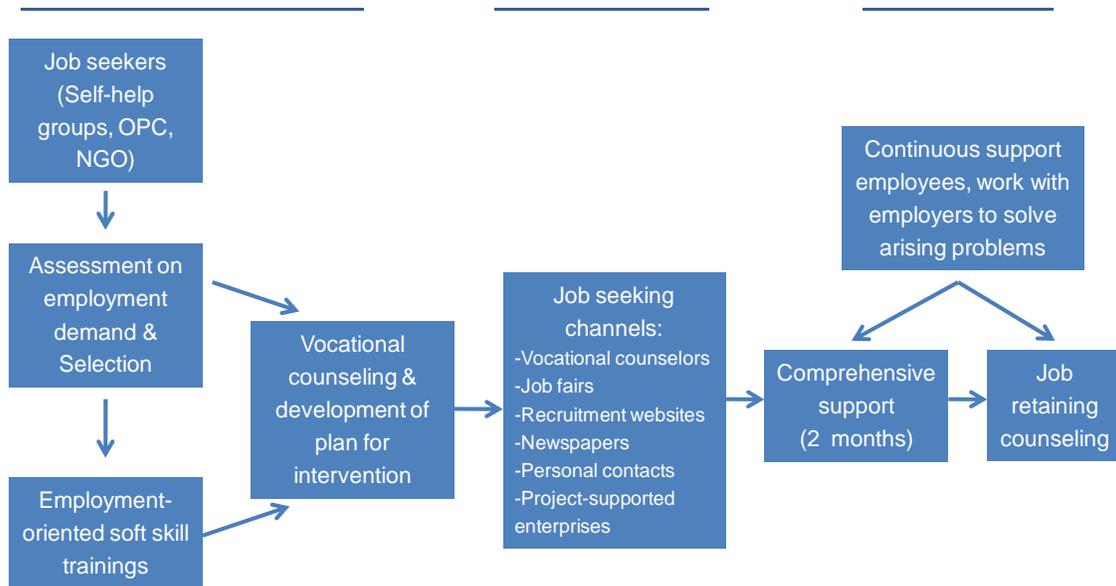
- CSR activities require collaboration between the project, VCCI and the PAC to make connections between enterprises and people in need of support. The collaboration will also help to develop a sustainable system for implementation of CSR activities.
- Leverage NGOs to nominate PLHIV/HRI for CSR support and supervise the use of the financial support in order to gain trust from supporting enterprises.

Plan for Year 5

- Supervise the use of CSR fund by HCMC AIDS Association, SHG.
- Continue to coordinate with VCCI and enterprises to replicate the model with the larger amount of beneficiaries as well as more enterprises participating in supporting business ideas; provide technical assistance to VWEC to develop a CSR strategy to work with multi-national companies and Vietnam corporations (Vietnam Steel Corporation, the Vietnam National Textile and Garment Group, Vietnam National Coal Mineral Industry Corporation) in sponsoring PLHIV/most at risk populations in the community.

Task 3: 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

In the project's employment program, different intervention models have been implemented to address various employment needs among PLHIV/HRIs. The purpose of Task 3, the vocational training and job referral program, is to develop the paid-employment component of the economic rehabilitation strategy. In Year 4, the project focused on strengthening the capacity of the network of vocational supporters at SHG so that they can provide effectively vocational counseling and employment support to PLHIV/HRIs in Hanoi and HCMC. The intervention process is demonstrated as below:



Expanded and strengthened capacity of a network of vocational supporters who are core members of SHG to enhance sustainability of employment support for PLHIV/HRIs. Six SHG (three in Ha Noi and three in HCMC) with 50 vocational supporters were trained to provide one-on-one vocational counseling to job seekers to motivate them during their employment search, discuss potential challenges and identify a plan to overcome them, and refer candidates to appropriate services such as vocational training, internships, and more.

Expanded an outreach network by collaborating with Centers for Disease Control (CDC)/ Global AIDS Program (GAP), FHI, and Global Fund to provide vocational counseling and employment support services to Out-Patient Clinics (OPC) patients/caregivers and Methadone Maintenance Treatment (MMT) clients. Clients interested in receiving further support were referred to vocational supporters.

Additionally, the project provided technical assistance and collaborated with NGOs, projects to integrate employment component into a comprehensive intervention program, such as Foresee Project for RDU and sex workers (SW), UNFPA for SW, Vietnam Administration for AIDS Control, CCIHP for men who have sex with men, STI-AIDS Netherlands for SW etc.

Employment Preparation through a collaboration with DOLISA's employment introduction centers to integrate PLHIV/HRIs into existing employment-supported services for job seekers. One-day training also was provided to job seekers to equip them with job search and employment-oriented soft skills (e.g. vacancy search, CV preparation and application, communication, interview, labor law).

The project continues to utilize a variety of approaches to provide appropriate vocational training for beneficiaries to develop their skills for prospective jobs. This included referral to appropriate official VTC based on results of the VTC mapping, and work with organizations such as HAGAR, REACH, ADN, KOTO, HOASUA School and other enterprises to explore of vocational trainings and on-the-job training opportunities.

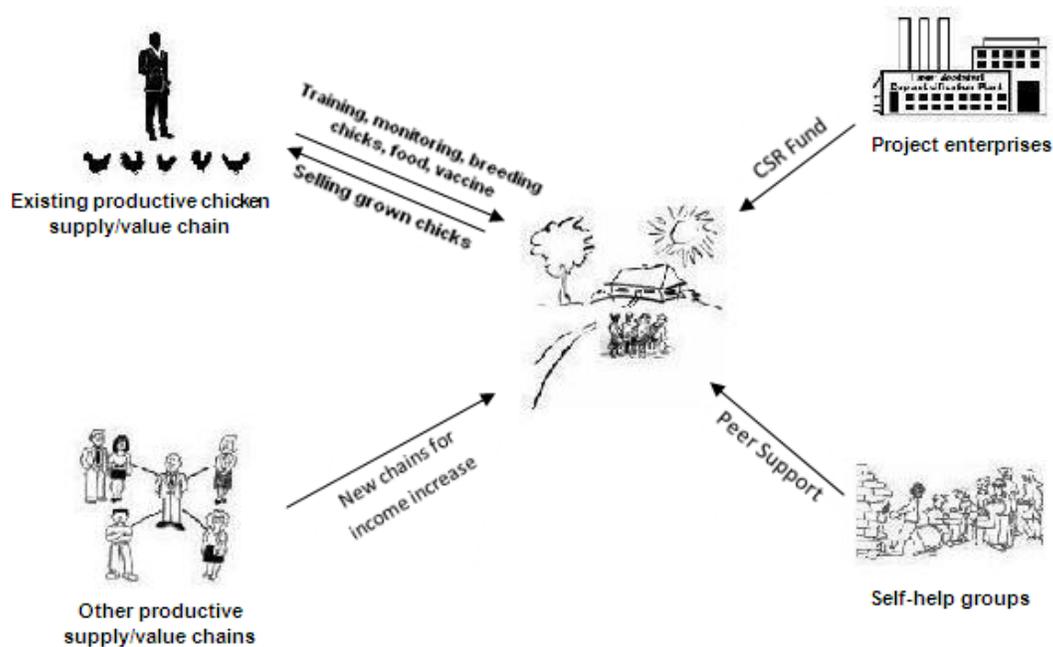
Job entry to meet diverse needs of job seekers, the project continues to support them to search and obtain employment through a variety of seeking channels: institutional channels of employment mediation, job fairs and public employment agencies, local NGO (SCDI) and a network of vocational supporters to play the role of tailored made employment agencies that serve this target population; the project supported enterprises directly recruited PLHIV/HRIs; and job seekers were developed skills to do their own job search.

Job retention including counseling and support are continuous provided to retain employment including soft skill training (for time management, team work, communication at work place, basic labor law) and counseling for employees (PLHIV/HRIs) to adapt to new work environment, solve problems (mandatory health examination including HIV test, HIV status disclosure, time off for medical treatment etc), especially during the first 2 months of probation period and employers to create a supportive work environment.

Provide support for PLHIV/HRIs to establish their own businesses.

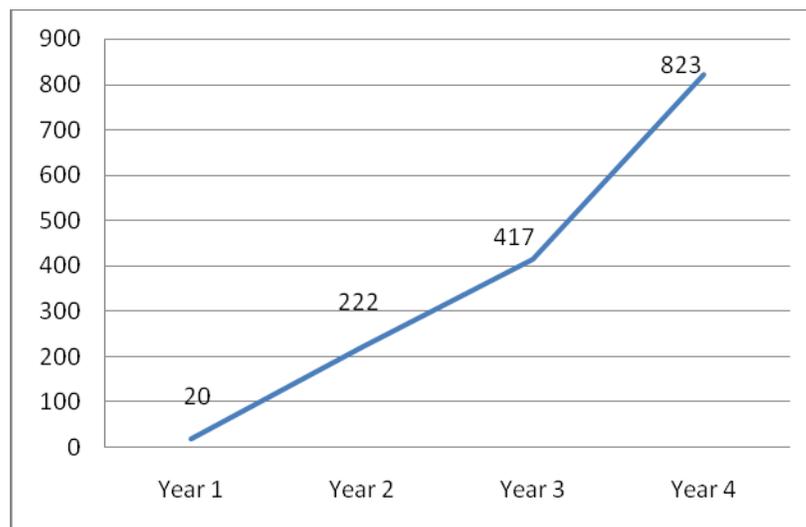
This activity were done by building capacity and creating linkages with existing funding sources and productive supply value chain systems to achieve effective, profitable and sustainable businesses.

The project conducted trainings on revolving fund management and continued to connect 50 motivated PLHIV/HRIs (from two SHGs) in Hai Phong with suitable private enterprises that already have profitable product value chains. Additionally, the project will encourage self help groups to build capacity for its members to implement business development activities that are appropriate for local and family situations. The project partnered with NGO (PACT, CESVI, WV, and SCDI) and SHG (Positive Living Groups, Friend Arm Group) so that they can help to select potential clients and provide supervision. The intervention process is demonstrated as below:



Major achievements in Year 4 include 406 PLHIV/HRIs obtaining and maintaining stable employment. Among those who obtained and maintained jobs, 261 obtained new jobs in the competitive labor market as a result of vocational counseling and employment support program; 95 PLHIV/HRIs received CSR funds from project enterprises and technical support from the project to start and expand their own business; and 50 PLHIV/HRIs in SHGs in Hai Phong were self-employed via profitable product value chains. By end of Year 4, the project reports that 823 beneficiaries were employed.

Figure 2: Cumulative number of PLHIV/HRIs employed by September, 2012



The success rate of paid-employment program was approximately 70 percent in Year 4, with 261 out of 374 PLHIV/HRIs provided with vocational counseling and employment support services obtaining new paid jobs. This rate has increased almost 20 percent by every year.

Table 3: Result comparison in four years of intervention in paid employment

	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>	<i>Year 4</i>
No. PLHIV/HRIs obtaining new jobs	10	57	172	261
Success rate	-	29%	48.9%	69.8%
Average monthly income	-	2 mil VND (1.2 – 5 mil VND)	2.8 mil VND (1.5 – 6 mil VND)	3 mil VND (2 – 8 mil VND)

The majority of paid jobs obtained by PLHIV/HRIs positions as technical workers, drivers, and security guards for males; and 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 reported as approximately 3 million VND, with a range of 2-8 million VND, not including insurance, and allowances. Work motivation continued to be the largest factor for PLHIV/HRIs when seeking employment, with seekers looking to improve their financial independence, family livelihood, self confidence and self-esteem.

In Year 4, 50 PLHIV/HRIs in two SHG in Hai Phong received USD \$11,432 (VND 340 million) from PACT and SCDI to expand their self-employment model of poultry raising and trading. Monthly revenues generated were estimated at 3–4 million VND/person.

Lessons Learned

- The network of employment supporters showed its effectiveness on providing employment support to PLHIV/HRIs with remarkable increase in the number of PLHIV/HRIs being employed. Moreover, this model ensures sustainability of employment support to PLHIV/HRIs after the project finishes.
- Employment supporters at SHG need to be empowered and given capacity building on:
 - Develop a network of target groups of PLHIV/HRIs, understand demands and capabilities of clients, provide timely and continuous supports.
 - Develop a network of employers and broaden recruitment channels.
 - Establish and maintain a close access to clients, motivate clients to seek a job by enabling their strengths and capabilities, showing success stories.
- PLHIV/HRIs required comprehensive counseling and support regarding to not only employment-related issues but also psychology, health, emotion, and the orientation of life etc.
- Manual and semi-skilled labors 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.

Plan for Year 5:

In the final year, the project will focus on:

- Collaborate with DSEP/MOLISA to advocate for the project target groups (PLHIV, RDU, and SW) to integrate into government mainstreaming social security programs.
- Complete a final report of the component.
- Review and document all project deliverables of paid-employment and self-employment models: evaluation reports, management tools, operational models, lessons learnt, communication materials (print-outs, posters, brochures, leaflets, hand books etc).
- Transition and hand-over program documentation, provide TA to core partners (USAID Pathways project, SCDI, COHED) to ensure they can continue employment support services to PLHIV/HRIs.
- Organize a closeout/dissemination event to be held in March 2012.

Task 4 - Microfinance program

Year 4 interventions focused on strengthening and completion of the VBSP and TYM microfinance models, and finalization of all required procedures with local partners and government to phase in the M7 public-private partnership (PPP) model in Quang Ninh and Dien Bien. Year 4 also marked the successes of USAID HIV Workplace Project collaborations with other USAID partners, including FHI 360 and USAID Pathways for Partnership (Pfp), expansion and handing over the microfinance models to local partners and Pfp. Major accomplishments under the project's microfinance component in Year 4 are as follows:

TYM model

- Strengthened capacity of TYM staff and local collaborators to increase TYM's approval rate of referrals and improve performance of TYM in serving the target population. As a result, the network of local collaborators expanded to include members of SHGs, staff of OPCs, and local women's unions (WUs).
- 100 percent of TYM staff received advanced training on problem solving skills in assessment and selection of clients. This training contributed to increased numbers of referrals from SHGs and OPCs, achieving the set target for TYM model (see Table 4).
- Continued business development training utilizing "Get Ahead" training program delivered by TYM's trainers for 27 target clients.
- 100 percent of TYM's target clients were provided pre- and post-credit coaching and monitoring by TYM local staff and collaborators.
- By September 30, 2012, 72 target clients obtained access to micro credit and micro insurance from TYM to start up and/or expand business/production activities (e.g. grocery, rice, vegetables) and small-scale services, animal husbandry (cattle, chicken, pigs) and services (tailoring, food vending, small restaurants).
- Total loan amounts are 476 million VND (approximately US\$22,700), with a 100 percent repayment rate.
- So far, 25 clients have repaid their first loans on their due date.

- 100 percent of target clients report having a small savings (10,000- 100,000 VND each week) with a total savings balance of 74,898,000 VND.

VBSP model

- Strengthened capacity for VBSP group leaders and social workers in the three pilot districts (Binh Thach, District 4 and District 8). Approximately 130 group leaders were trained on addiction science, HIV/AIDS prevention and stigma reduction. These trainings were reported as highly appreciated by participants because of the practical knowledge provided and unique training methods introduced, which helped change VBSP staff's attitude from reluctance toward PLHIV and RDUs to more sympathetic.
- Strengthened the collaboration among different partners (including FHI 360/PAC, VBSP, DOLISA, Safe Living) through regular partners' meetings and supervision field trips to monitor the progress and timely address problem incurred. In addition, technical guidance was continuously provided to PAC's vocational counselors to do their screening jobs better. As results, the approval rate of VBSP is about 80 percent among referrals.
- Through Safe Living, the USAID HIV Workplace Project continued providing business development trainings for 58 prospective clients, bringing the total number of trained clients to 124 people. All (100 percent) of VBSP's target clients were provided close post-credit coaching and mentoring by both Safe Living and local social workers. This post-credit support is proven very powerful in encouraging the self-confidence among target clients and making sure of their loans utilization is in good standing.
- As of September 30, 2012, 88 clients received loans from VBSP, worth 1,408,000,000 VND (about USD \$70,070) exceeding the provided loan fund by 9,500,000 VND. All of these loans were spent on clients' small and medium business activities such as petty trading, shoes making, and small-scale services. Nearly all of the clients, (approximately 95 percent) paid the interest every month. Most of the clients practice small savings with a total savings balance of 217,495,000 VND (about USD \$11,200).
- By September 30, 2012, eight clients had repaid their first loan on time. All clients reported that they felt much luckier than their peers to have the opportunity to join the program.
- Provided technical support to VBSP HCM branch in working with Ho Chi Minh City DOLISA in obtaining HCMC government funding for HRIs through various consultative meetings among different stakeholders (VBSP, DOLISA/Protection and DSEP, PAC, etc.). In addition, USAID HIV Workplace Project also prepared VBSP HCMC to provide training on addiction science, HIV/AIDS prevention and stigma reduction for about 108 credit group leaders in three new expanded districts (Thu Duc, Go Vap and Binh Tan), where the program will be replicated with government funding.

M7 PPP model

- Completed all required paperwork and justification for USAID approval of M7 PPP model in provision of microfinance services for HRIs and the HIV affected.

- Supported M7 network and its secretary, Community Finance Resource Center (CFRC) to successfully clear the required procedures for permission/license from local government and DOH/PAC to launch the M7 PPP model in Quang Ninh and Dien Bien provinces.
- Officially initiated the M7 PPP model in Dien Bien province with presence of important and concerned stakeholders from USAID, Pfp, CSOs (COHED, SCDI, CCD) CFRC/M7, MOLISA/DOLISA, VAAC/PAC, DOH/district health centers, SBV, VBSP.
- Provided orientation and technical guidance to 75 M7 staff (managers, technical and credit officers) in the three targeted project sites in Dien Bien province.
- Provided orientation to relevant staff from PAC/district health centers on setting up a referral mechanism and sensitization of M7 services. A network of focal points (local collaborators) was created, and collaborators were trained to start integration of identification and screening of potential clients in their routine care and treatment work.
- Inter-agency collaboration mechanism between M7 and PAC/Health Center has been set up in Dien Bien.
- As September 30, 2012, 53 target clients received access to M7 microfinance services. Among the target clients, 25 received M7 loans with a total amount of 140,000,000 VND (USD \$7,000) Total savings balance from these target clients was 10,000,000 VND (\$USD 500). The borrowers mostly spent their loans on costs associated with raising animals (pig, chicken, other livestock) and petty trading.
- Technical support provided to CFRC/M7 for improvement of its business development support to borrowers through development of "Training Guides on Business Start up and Development" for M7 clients.
- Provided training for 37 target clients on business management and 108 participants from SHGs in Dien Bien on financial education.

Table 4: Major achievements (cumulative)

Particulars	Achievements				
	TYM	VBSP	M7 PPP	Total	
				Target	Actual
No. of people oriented/trained on HIV/AIDS, MMT, stigma reduction and lending to PLHIV and RDUs	158	350	75	400	583
No. of people oriented/trained on microfinance for PLHIV and RDUs	75	70	30	130	175
No. of people receiving pre-credit counseling and business related training and referred to microfinance activities	143	127	64	200	272
No of people got microloans for economic activities	72	88	25	180	185

Total loans disbursed to target clients (USD)	22,700	70,070	7,000	112,000	92,770
Total savings balance from target clients (USD)	3,700	11,200	500	15,400	
Repayment rate (%)	100.0 %	95.0%	100.0%	95.0%	98.0%
*Note: The targets have included those set for M7 PPP model for the period June-September 2012. Target for loan amount/borrower is 10 mil VND; in reality, borrowers' needs are reportedly much less					

Advocacy and collaboration with other USAID partners:

The USAID HIV Workplace Project actively promoted and shared achievements and lessons learnt in microfinance for target population with both governmental and local agencies through meetings, workshops and assessments. Some examples of shared findings in Year 4 include:

- Pre-credit surveys conducted for both TYM and VBSP model (small samples of 98 client respondents and their control peers)
 - The surveys provided initial findings of the external assessment of TYM and VBSP models completed in June, 2012 by microfinance expert Ms. Nancy Natilson
 - Key findings of Ms. Natilson's assessment have been shared widely with concerned partners
 - Ms. Natilson's concluded that "...Microfinance, including credit, savings, and insurance, has been proven with preliminary results from this pilot to be a *successful, replicable and sustainable* economic strengthening model for PLHIV and HRIs in Vietnam."

- A workshop on "*Economic Strengthening Models for HIV Infected and Affected People and High Risk Individuals*" was successfully conducted on June 14, 2012 in Hanoi with support from Ms. Natilson
 - The workshop was attended by more than 180 representatives from donors, policy makers, ASOs, MFOs, CSOs
 - The workshop successfully shared and promoted what the project has been doing in piloting economic strengthening models for PLHIV and HRIs
 - The workshop also contributed to the common advocacy efforts for further livelihoods support from Government and private sectors to the target population
 - Pro-actively worked with MOLISA/DSEP and other government agencies (duty bearers) in following up the newly issued Decree No.16/CT-TTg on employment and lending support to RDUs and MMT clients. Namely, a study tour to exposure was conducted in late Sept 2012 for policy makers from MOLISA/DSEP, MOF, MPI, SBV, VBSP (Decree 16 implementation mechanism drafting team) to see VBSP model in HCM

- Pro-active collaboration with FHI 360 on the progress of loan fund utilization from FHI 360 to TYM and VBSP and information sharing on different capacity building activities

for VBSP and M7 local staff and collaborators, particularly in linking M7 with PAC in Dien Bien.

- Led coordination and technical assistance to Pfp and its partners to transfer the project's microfinance models to Pfp, particularly in M7 model implementation. As a result, Pfp was linked with TYM/VWU, VBSP and M7 network
- An MOU between the USAID HIV Workplace Project and Pfp on this transference was developed in October, 2012
- Work plan for M7 PPP model was finalized for sub-grant

Post pilot duration and funds leveraging

A provision of microfinance services to PLHIV and affected populations were incorporated in TYM's Development Strategy by the year 2015. TYM will continue and expand services for this target group using its own funding resources in the areas with high HIV prevalence. By March 30, 2012, TYM contributed approximately 134 million VND from their own funds to provide microloans to the target clients of TYM model. TYM has agreed to provide same package of micro insurance PLHIV and HRIs moving forward, due to substantial success.

Using the pilot model, VBSP has leveraged about USD \$400,000 in funding from the Ho Chi Minh City government to expand microfinance services for HRIs (RDUs and returnees from 05/06 center) in HCMC for the period 2012-2015.

Lastly, based on initial results of implementation of the TYM and VBSP models, the project has successfully negotiated to join in the PPP model with M7 Network and provide counterpart funding of USD \$600,000 to secure resource for lending to the project's target groups of PLHIV/HRIs and their family members.

Problems encountered

In all MF models (VBSP, TYM and M7 PPP), there are different partners involved (private, NGO, international, government agencies), each with their own system, concerns and working culture, which much differ from each other. Thus, it took a lot of efforts, time and flexibility of the project staff in coordinating different partners to come to agreement, consensus and collaboration.

The USAID HIV Workplace Project has also had difficulty in identifying potential clients, especially in areas of TYM model. As TYM's activities have not yet reached all communes and hamlets in the respective project sites, the project has faced difficulties in accepting clients residing outside TYM areas. The project has worked hard with TYM management to adjust TYM client recruitment policy. As a result, TYM has adjusted its lending policy to consider and accept clients from nearby communes outside TYM's current geographical coverage.

The project has also faced some difficulty in working with health centers in Hanoi and Thai Nguyen as referring clients to TYM is not their priority or function. Faced with limited budgets for activities, building capacity and promoting buy-in of the idea of partnership with other institutions is one of difficulties in working with local health clinics.

Change in key personnel in partner's organization (FHI 360 and VBSP HCMC), especially during the transition period of FHI 360's five-year agreements with USAID, has also been problematic. Significant personnel changes have caused a long delay in signing the renewed sub-agreements on loan fund grant for both TYM and VBSP. In addition, the personnel change in other key stakeholders including HCMC DOLISA also caused a delay in completing procedures to get funding from HCMC Government for lending to the HRIs in HCMC, which affect the progress of the project's TA to VBSP.

Additionally, the length of time needed to secure USAID approval for M7 PPP model affected the project counterpart work plans. The USAID HIV Workplace Project is working to maintain the partner commitment and enthusiasm during a long waiting period, requiring both project staff and partners have worked to adjust their work plan and priorities. Lastly, the project's microfinance team had a significant increase in workload and responsibility due to changes in the USAID HIV Workplace Project's key personnel (chief of party). As result, the deputy chief of party, who normally takes the lead of microfinance activities, had to assume acting chief of party tasks for overall project management during a significant portion of 2012 (>3.5 months), thus affecting progress of the planned activities of the microfinance program.

Lessons Learned

- The involvement of full-fledged MFIs in providing economic strengthening support for vulnerable groups, particularly PLHIV/HRIs is seen a sustainable approach, leveraging support and funding from other sectors together with HIV-focused organizations in the fight against HIV, thus can sustain the interventions in the long run and facilitate the target group to really reintegrate into the community.
- Stigma towards PLHIV and HRIs is the greatest obstacle faced in negotiating with partner MFIs. As a result, it is especially difficult to get 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. Continuous provision of 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 implementing microfinance programs 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). They are crucial, and are possibly even a decisive factor to reduce sigma and ensure the effective usage and repayment of microcredit.
- Political will and support from both partners and their related stakeholders, especially local authority is crucial for piloting 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.

- More efforts and synergy among different ASOs and donors are needed to advocate for more expansion of the full-fledged microfinance institutions and more importantly for Government's funding for livelihoods support for the target population.

Plan for Year 5

- Complete all related documentation that was prepared and finished by the project, and hand over to the USAID and its designated partners (if any). This documentation includes also the final report of the MF component.
- Continue to provide technical assistance to Pfp and its designating partners in replicating TYM, VBSP models (if any) as well as advocacy support to promote model replication.
- Provide TA in organization of PPP M7 designed activities. WPP will work closely with Pathway to provide technical support to CFRC and its partners including PACs/OPCs and CSOs in Dien Bien and Quang Ninh /M7, in coordination and organization of the activities as designed in M7 PPP model (capacity building, setting up referral system, integration, advocacy, etc.). It is also noted that financial support for these activities will be covered by USAID through Pfp. See PPP M7 work plan attached (Annex B?) for details.
- Continue to support MOLISA/DSEP and other functioning duty bearers in regards to the implementation of the Decree 16 through organization of exposures trips to TYM and M7 PPP models in Nghe An and Dien Bien, to a successful models in Philippines; provision of technical inputs in all policy related documents and consultative workshops/meetings of MOLISA/DSEP. (see attached overall supporting program to DSEP on Degree 16 Ttg)

PROGAM MANAGEMENT

Report and work plan

Monthly and semi-annual and annual project progress reports and PEPFAR reports were submitted on time and presented at the monthly meetings to the USAID team.

Staffing

- Ms. Trinh Thi Huyen Trang was hired in October, 2011 as the Project Assistant. She resigned at the end of Sept 2012.
- Ms Tran Thi Hoang Hoa was hired in January, 2012 as the Micro-finance and Livelihoods Coordinator.
- Ms. Nguyen Thi Ngoc Anh, Microfinance Coordinator was promoted in December, 2012 as the project DCOP to assume additional tasks of project management.
- The new COP Pham Hoai Giang was recruited to replace the Acting COP by DCOP Ngoc Anh in March, 2012.
- Mr. Quach Van Luong, the HIV Prevention at Workplace Officer resigned in February 2012.

Consultants

- 1 local MF consultant (Mrs. Nguyen Thi Luong Nuong)
- 1 international MF consultant (Mrs. Natilson)

Subcontracts

The project has extended subcontracts with previous partners and selected two new subcontractors. All subcontractors have a firm fixed-price agreement 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 77,480,000
2	VWEC	Production (including testing, printing, disseminating, guiding) of VCD - rom on National guideline on HIVAID Workplace Prevention targeting 118 project enterprise and others in year 5 .	VND 100.000.000
3	VCCI Nghe An	HIV prevention interventions in Nghe An (extending contract)	VND 27,400,000
4	VCCI HCMC	HIV prevention interventions in HCMC (extending contract)	VND 25,590,000
5	SCDI	Soft-skills trainings and vocational counseling to PLHIV/HRIs	VND 887,921,465
6	Safe Living	Capacity building on business development for HRIs and HRIs potential clients of microfinance services in HCMC	VND 579,167,500
7	CFRC	Implementation of phase in stage of M7 PPP model in Quang Ninh and Dien Bien.	VND 769,213,300

Communications

The following communications materials are submitted with this annual project report:

- Two success stories and 2 one pagers of MF component, 6 success stories of HIVAID prevention were completed and submitted together with this annual report.
- Two pictures clips on TYM and VBSP models activities were completed and submitted together with this annual report.

The following communications materials have been submitted together with the Semi-annual project report:

- Two stories on: “Dung in Hai Phong” and “TYM client – Ly”.
- Four one-pagers on: CSR Initiatives, Employment Program, TYM Model, VBSP Model.
- One abstract on the Project Microfinance Intervention was prepared and submitted to USAID to World AIDS Conference to be held in July 2012.
- One List of 16 Enterprises Awardees of 2011 CSR Award

PROGRESS AGAINST PROJECT INDICATORS

Indicator	Annual target	Annual target achieved	% of Annual Target Y4 Achieved
P08: 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	20,000	25,150	125,7%
Male		13,420	
Female		11,730	
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	20,000	25,150	125,7%
Male		13,420	
Female		11,730	
P10: Work Place			
P10.1.D – Number of enterprises implementing an HIV/AIDS workplace program, providing at least one of the 4 critical components (cumulative number)	118	118	100%
P10.2.D – Estimated number of people reached through work place programs	50,000	89,925	180%
C01: Umbrella			
C1.1.D – Number of eligible adults and children provided with a minimum of one care service	550	1,011	183%
C05: Support Care			
C.5.6.D. Number of eligible adults and children provided with	100	125	125%

psychological, social, or spiritual support ²			
C.5.7.D. Number of eligible adults and children provided with Economic Strengthening services ³	550	823	150%

The following table summarizes program indicators:

Indicator	Annual target Y4	Annual Achievement Y4	% of Annual Target Y4 Achieved
1. Number of enterprises trained in HIV prevention	118	118	100%
2. Number of people trained on workplace-based HIV prevention (peer educators and master trainers)	480	401	83%
3. Number of enterprises trained in the provision of services to improve employment retention of high-risk employees	118	118	100%
4. Number of enterprises who employ and/or support post- recovery IDUs and other high risk individuals	30	21	70%
5. Number of high-risk individuals employed and/or receiving supportive services from targeted enterprises	400	311	77,75%
6. Number of enterprises implementing all 8 components in the comprehensive workplace model	82	108	143%

² Support service in this indicator refers to soft-skills training

³ Economic Strengthening services include vocational counseling, provision of information on job opening, job creation and retaining, and microfinance services