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# BASELINE ASSESSMENT: SUMMARY OF KEY FINDINGS AND RECOMMENDATIONS FOR WORKPLACE-BASED HIV POLICY AND PREVENTION INTERVENTIONS

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

Task Order No. GHS-I-03-07-00004-00

# **Executive Summary**

## **Introduction**

From 2008 till 2013, the USAID Project “Workplace-based Prevention and Employment and Supportive Services for High-Risk Individuals in Vietnam” (HIV Workplace Project) will focus on the development of workplace policies, delivery of supportive health and social services, and economic rehabilitation for HRIs. In order to maximize the impact of the intervention, the project prioritizes reaching, partnering with, and meeting the needs of workplaces with high concentration of employees with high risk behaviors.

The workplace environment offers a structured setting to reach at risk adults with critical information and health and social services through on site delivery as well as referrals. Several workplace settings, such as in the entertainment establishments and other sites where workers are far from home, may create conditions for risky behavior. In addition, HRIs returning from rehabilitation centers are at risk for relapse without supportive environments, such as work and services.

In order to have evidence for the development of prevention activities that are appropriate to various workplace settings, a baseline assessment on HIV-related workplace policy and prevention intervention was conducted from March and May 2009 with the following objectives:

1. To identify the types of workplaces with the largest proportion of people with risk behaviors related to HIV infection;
2. To investigate HIV-based workplace policies and prevention interventions that are available and effective;
3. To identify opportunities for interventions and policy improvement in regard to promoting a greater role of business in financing preventions and support services.

## **Study Methods**

The study was carried out in the seven focus PEPFAR provinces (Ha Noi, Hai Phong, Quang Ninh, Nghe An, HCMC, Can Tho, and An Giang) in which the project was designed to be implemented. The assessment methods included a desk review and workshops to identify sectors for in-depth analysis; a quantitative survey using self administered questionnaires to a sample of 323 managers and 2,112 employees in 106 businesses in the following sectors: construction, transportation, mining, service, fisheries, and industrial zones; observations of HIV policies and materials available at 106 selected businesses; group discussion with representatives from business associations, health staff, DOLISA staff, and community; and in-depth interviews with a sub sample of managers and employees.

The assessment tools were developed based on the National HIV M&E Framework, the IBBS (risk assessment section) questionnaires, and the SmartWORKs needs assessment guide. These tools were piloted and revised for logical and cultural appropriateness. The data collection teams

of eight local data collectors per province were led by a staff member of the HIV/AIDS Workplace Project who provided training and supervision.

Data analyses were conducted using SPSS. Data was disaggregated to the enterprises, business sectors, provinces, and workforce size levels. Institutional ethical approval was obtained from the Scientific Committee of Hanoi Medical University.

## **Study Limitation**

We recognized certain limitations in the way the study was implemented. The type of data needed for this assessment is always subject to bias, because it concerns issues that not everyone is willing to share with outsiders. The bias is of two types: recall bias (it is not always easy for respondents to remember exactly what they received in regards to HIV services from their workplace) and the bias arising from the tendency of respondents to give inaccurate responses to questions about risk behaviors. They may try to minimize their risk behaviors, according to their own perception of what would be desirable. Additionally, some assessment questions we could not collect information on, for instance, the question “What workplace-based prevention programs work?” The main reason was because the period for the assessment was enough to explore the scope of problem, but was not sufficient enough to help in evaluating interventions. Furthermore, the assessment focused on identifying the relative frequency of high risk behaviors in different workplace settings. It did not focus on the dynamics or social components of the behaviors among different sub groups of workers.

To reduce bias, cross check and verify data, information was collected using different methods including desk reviews, self-administered questionnaires, in-depth interviews, and observation by program staff. Information on enterprises to be targeted was obtained from desk review of literature on HIV epidemic and programs. Information on individual behaviors was collected using self-administered questionnaire which was filled out anonymously by each individual in a private area. The self-administered questionnaire was piloted in three rounds in both the North and the South to ensure logical coherence and cultural appropriateness. To reduce the recall bias, individuals were asked about the most recent behaviors and service utilization experience. Observation at workplace provided information on workplace-based HIV program to cross check with information reported by employers and employees. In-depth interviews with employers and employees provided better understanding about the implementation of HIV activities at the workplace. Finally, the data collection team was trained and supervised closely daily by program staff to maximize the data quality.

During the development of study protocol, another project proposed to conduct a survey among female employees working in entertainment establishments. We therefore excluded this population from our study.

## **Key Findings and Recommendations**

Baseline assessment findings are presented in two forms. One is in regard to the indicators used in the Program Monitoring Plan of the USAID HIV/AIDS Workplace Prevention Project. The second is on high risk behaviors found in the enterprises targeted in the assessment.

The first set of findings is presented in the Table 1 below: Summary of Baseline Values on Key Indicators.

**Table 1: Summary of Baseline Values on Key Indicators**

Indicator	Value
<b>Contract Indicators</b>	
1	Percentage of enterprises conducting HIV prevention program (including IEC, peer education, condoms promotion, VCT referral, STI referral, and care and support for PLHIV)
-	At least one of these activities 69.8%
-	All activities 0.9%
-	IEC activity 39.6%
-	Peer education activity 11.3%
-	Condom promotion program 46.2%
-	VCT referral 29.2%
-	STI referral 22.6%
-	Care and support for PLHIV 17.9%
2	Percentage of enterprises that have HIV-related policies 14.2%
3	Percentage of employees trained in HIV-related stigma and discrimination reduction 67.6%
4	Percentage of employees reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful 25.9%
-	Male 23.8%
-	Female 28.5%
5	Percentage of employees trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful, and other behavior change beyond abstinence and/or being faithful reduction 4.5%
-	Male 4.9%
-	Female 4.0%
<b>Project Indicators</b>	
4	Percentage of employees who reported ever using drugs 3.4%
5	Percentage of employees who have had sex with a non-cohabiting sexual partner in last 12 months
-	Men 24.6%
-	Women 7.8%
6	Percentage of employees reported to have not used a condom during the last sex with non-cohabiting partner 23.4%
7	Percentage of male employees reported to have not used a condom during last sex with a FSW 23.1%
8	Percentage of employees who both correctly identified ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission 51.8%
9	Percentage of employees who express accepting attitudes toward PLHIV 13.4%
10	Percentage of employees who ever heard about employment and support services for HRIs 42.1%
11	Percentage of enterprise distributing 3 or more condoms per employee per month 9.4%
12	Percentage of employees who ever tested for HIV at a VCT site 3.8%
<b>UNGASS</b>	
13	Percentage of employees aged 15-24 who both correctly identified ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission 44.7%
<b>National M&amp;E Indicator</b>	
14	Percentage of men and women by age group (15-24 and 15-49) who have had sex with a non-marital, non-cohabiting sexual partner in the last 12 months
-	Employees aged less than 25 years 26.9%
-	Employees aged 15-49 years 18.7%
15	Percentage of male employees reporting visiting female sex workers in the last 12 months 14.1%
16	Percentage of employees aged 15-49 who express accepting attitudes toward PLHIV 13.1%
17	Percentage of young men and women aged 15-24 who know sources of condoms 73.5%

The second set of findings on high risk behaviors in targeted enterprises is presented below.

## **Workplaces with concentration of High-Risk Individuals**

Review of existing studies in HIV infection among different populations and interviews with key informants suggested that enterprises in the construction, transportation, mining, and service sectors, and in industrial zones were found to have the highest proportions of employees who reported having used drugs or engaged in unsafe sex with sex workers and non-cohabiting sex partners. This may be because these workplaces have more employees who reside away from their families and homes. While rates of reported drug use behavior among employees were quite low, rates of unsafe sex behaviors were relatively high. Workplaces, therefore, represent important settings to deliver HIV prevention services effectively and efficiently.

## **High Risk Behaviors in Workplaces**

The percentages of workers in this assessment who reported having sex with non-cohabiting partners (18%) and patronizing sex workers (14%) were higher than the percentages found in several surveys (VPAIS, SAVY1) of the general population. Particularly, 23.4% of them reported to have not used a condom in the last sex with a non-cohabiting partner; and 23.1% reported to have not used a condom during last sex with a sex worker in the previous 12 months. The proportion reporting drug use (3%) and injection drug use (0.3%) was equivalent to the proportion in the overall adult population of Vietnam. However, these low rates of self-reported drug use may have been influenced by employees fear that their responses would be revealed and would jeopardize their jobs. The assessment found that mining workers drink the most, followed by drivers and construction workers. Additionally, the assessment found a strong relationship between frequency of alcohol consumption and the likelihood of using drugs or having sex with non-cohabiting partners/sex workers. Overall, the assessment suggests that there may be concentrations of people with histories of high-risk behavior for HIV in the employment sectors sampled.

*Recommendations:* Interventions should focus on improving HIV/AIDS prevention and care and support activities for selected enterprises in transportation, construction, mining, fisheries industries, and service for maximum effectiveness. HIV prevention messages should include information on prevention of drug and alcohol abuse as well as safe sex practices including abstinence, being faithful, condom use, and STI management.

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<sup>1</sup> Studies on sexual behaviors among the general population found generally low levels of self reported sexual behaviors. The survey in HCMC and Thai Binh in 2005 showed that only 3.7% men and 1.3% women reported having had sex with a non-marital, non-cohabiting partner in the previous 12 months and that only 2.4% of men reported having sex with sex workers in that period. The VPAIS 2005 indicated that only 3.7% men reported having had sex with a partner who was neither a spouse nor someone who lived with the respondent, and 0.5% men reported having sex with sex workers in the past 12 months.

## **Knowledge about HIV**

The data suggest that on knowledge of individual factors, there is almost universal knowledge in the work force. However, only about half of the sampled workers have knowledge about all transmission factors: 51.8% of employees and 64.7% of managers had comprehensive knowledge of HIV transmission; that is, they gave correct answers to all five questions. However, there were still approximately 20% of employees and 15% of managers who answered that a healthy looking person could not have HIV, or a person could get HIV from mosquito bites, or by sharing a meal with a PLHIV. Furthermore, knowledge of HIV-related services among employees was limited.

*Recommendations:* Information on HIV transmission should be provided to employees in innovative ways to avoid misconceptions. Information campaigns should focus on the provision of information on HIV-related services including VCT, ART, STI, and PMTCT, as well as on referral and linkage mechanisms and tracking methods.

## **Attitudes toward PLHIV as co-workers**

Attitude of employees and managers towards PLHIV: Only 13.4% of employees and 13.6% of managers had an accepting attitude toward PLHIV. Willingness to maintain employment for PLHIV is much higher than for drug users.

*Recommendations:* Interventions on stigma and discrimination reduction should prioritize the promotion of a supportive working environment for PLHIV and recovering drug users.

## **Workplace-based HIV policies and prevention interventions**

HIV policies at workplaces:

Only 14.2% of businesses had their own HIV policies on HIV prevention and very few had policies supporting PLHIV and/or recovering drug users. Current policies mostly focus on routine health checkups, establishment of AIDS committees, and prohibition of illegal drug use and drug trafficking.

Workplace-based HIV programs:

- **IEC/BCC activities:** 39.6% of businesses conducted IEC/BCC activities on HIV prevention. These were mostly communication events to provide information about HIV transmission and prevention or displays of IEC materials which contain HIV information.

- Peer education: 11.3% of businesses reported to have HIV peer educators. Very few businesses conducted training for peer educators on HIV topics.
- Condom promotion program: 53.8% of businesses did not distribute any condoms while 36.8% distributed less than 3 condoms per employee per month. On average, 2.1 condoms were distributed per employee. In mining and transportation sectors, where employees have the highest rate of risk behaviors, only one-third of surveyed businesses have this activity. Provincial AIDS centers, followed by health facilities and pharmacies, were the most common sources of condoms that both male and female employees mentioned.
- HIV testing
  - VCT referral activities: 29% of businesses reported that they provide the addresses of VCT services to employees but only 11.5% of employees in these businesses reported that they received information on VVCT from their workplace and 3.8% of employees reported ever having a test for HIV at a VCT site.
  - HIV testing at workplaces: 20.8% of enterprises performed HIV testing at workplaces. HIV testing at recruitment was mandatory for job applicants in 10 out of 22 businesses that performed HIV testing at the workplace.
  - 80.5% received test results, 46.7% pre-test counseling, and 17.8%, post test counseling.
- STI referral service: 22.6% of businesses reported providing addresses of STI services for their employees. Only 48.9% employees reported knowing where to get STI services.
- Care and support for HIV-infected employees: 17.9% of businesses had care and support activities for employees infected with HIV and their families.

*Recommendations:* Establishment of workplace prevention programs should start with the formulation of workplace policies. The content of HIV policies should be developed based on the National HIV Law and international guidelines adapted for specific workplace situations.

Enterprises should develop and implement comprehensive HIV prevention, care, and support services. This should include: development of an annual work plan on HIV activities; providing information on HIV through IEC/BCC activities and peer education programs; carrying out stigma and discrimination reduction activities; promoting condom use through condom distribution and condom social marketing activities; improving access and linkages to HIV-related services, such as VCT, PMTCT, ARV, and STI, and Methadone services as well as tracking methods; promoting employment for HRIs and

retaining jobs for employed HRIs. Mandatory testing in workplaces should be eliminated except for the certain few occupations specified in Decree 108.

### **Opportunities for intervention and policy improvement**

Enterprise managers recognized the impact of HIV on their business and showed interest in developing and implementing HIV prevention programs. However, only 30% of them agreed that the responsibility belongs to their business. Managers thought that the lack of experienced staff or support resources were the main obstacles to carrying out HIV prevention activities at the workplace. Two-thirds of managers were open to receiving support from the National Business Coalition on AIDS. Regarding the involvement of PLHIV in HIV communication activities at workplaces, two-thirds of managers showed an accepting attitude and believed that the participation of PLHIV in these activities would increase the effectiveness of HIV prevention activities.

*Recommendations:* The National Business Coalition can play an important role in promoting HIV prevention activities, as well as providing technical assistance for the development and implementation of workplace-based HIV programs. The involvement of PLHIV in these programs should be promoted in all businesses.

Opportunities for integration of HIV activities into routine workplace programs: 79.2% reported conducting at least one kind of training in the preceding 12 months and 34.9% conducted training on health topics. 65% of businesses carried out sports or entertainment activities outside working hours for their workers.

*Recommendations:* To reduce resource investment and reduce stigma and discrimination towards HIV, HIV activities should be integrated into current routine workplace programs.

A large percentage of businesses assessed already contribute to social and HIV/AIDS programs. Many employees expressed their willingness to pay for HIV/AIDS related IEC materials or condoms or contribute their time to participate in HIV prevention activities. Expenditures for HIV prevention are not tax-exempt and therefore discourage employers from funding activities.

*Recommendations:* Enterprises should be encouraged to provide increased resources including financial contributions and human resources for HIV programs. Expenditures for HIV prevention at workplace should be tax-exempt. Vietnamese government and relevant agencies should promulgate support policies as well as specific implementing guidelines for businesses employing PLHIV and recovering drug users.

Employment opportunities for HRIs: Overall, fisheries, construction sectors, and businesses in industrial zones had the most employment vacancies.

*Recommendations:* Interventions in employment services for HRIs should focus on businesses working in fisheries, construction, and production in industrial zones which have a high number of job vacancies. Information on job openings could be posted in newspapers and other media for wider dissemination among community support groups and social and other support services which serve HRIs and recovering drug users. Employment agencies and vocational training centers can play an important role in supporting HRIs to get a job. The government should issue policies to support the employment of HRIs.