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**HIV WORKPLACE
PROJECT**



MID-TERM ASSESSMENT: WORKPLACE-BASED HIV POLICY AND PREVENTION INTERVENTIONS

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

MARCH 2012

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List of Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
DOLISA	Department of Labor, Invalid and Social Affairs
HIV	Human Immunodeficiency Virus
HRIs	High-Risk Individuals
IBBS	Integrated Biological and Behavior Surveillance
IDUs	Injecting Drug Users
IOM	International Organization for Migration
IEC/BCC	Information Education Communication/Behavior Change Communication
KAP	Knowledge Attitude and Practice
MARPs	Most-At-Risk Populations
M&E	Monitoring and Evaluation
MMT	Methadone Maintenance Treatment
MOF	Ministry of Finance
PAC	Provincial AIDS Center
PEPFAR	US. President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission of HIV
RDU	Recovering Drug User
STIs	Sexually Transmitted Infections
STD	Sexually Transmitted Disease
USAID	United States Agency for International Development
TOT	Training of Trainer
VAAC	Viet Nam Administration of HIV Control
VCCI	Viet Nam Chamber of Commerce and Industry
VCT	Voluntary Testing Counseling
VCA	Vietnam Cooperative Alliance

Executive Summary

The HIV Workplace project, funded by the United States Agency for International Development (USAID) has been implemented by Chemonics International Inc. to prevent HIV infection among high risk individuals (HRIs) at the workplace in Vietnam since early 2009.

Key project strategies have included a) promoting economic rehabilitation or economic strengthening for high risk individuals through vocational training and employment support services for HRIs; b) fostering favorable working environments by improving the availability of health and social services as a means to preventing risky behavior, reducing stigma and discrimination; and c) expanding access to micro-financing loans for self-employment among HRIs.

The project works with government organizations, the private sector, and civil society to provide employment opportunities and economic strengthening services for PLHIV and high-risk individuals, ultimately helping to reduce stigma and discrimination these groups regularly face and to stabilize their economic conditions. The project, so far, has targeted large and small workplaces with concentrations of HRIs who may be exposed to HIV, or workplaces which can absorb HRIs into their workforce.

In 2009 the project conducted a baseline assessment prior to implementation of interventions under its workplace HIV prevention component. After three years of implementation, it is important to determine whether these interventions have helped to improve knowledge, attitude, and safe practice (KAP) among the large number of employees reached through this project. The mid-term assessment, part of the project's monitoring and evaluation activities, conducted a rapid review between July-September 2011 in seven PEPFAR-focus provinces, including Hanoi, Hai Phong, Quang Ninh, Nghe An, Ho Chi Minh City, Can Tho and An Giang.

Both the original and mid-term assessments were implemented to answer the following questions:

1. Have workplace-based HIV prevention interventions at project enterprises brought about HIV-related knowledge, attitudes, and practice (KAP) change among employees?
2. How have peer education programs worked? What can be done to improve their quality?
3. What are the contributions of the project enterprises to a workplace-based HIV program? Can the program be scaled up to the whole enterprise sector?
4. What have the roles of Vietnam Chamber of Commerce and Industry (VCCI), Provincial Aids Centers (PAC) and Provincial Department of Labor, Invalids and

Social Affairs (DOLISA) been in conducting supportive supervision of the workplace-based HIV program?

Qualitative and quantitative study methods were implemented for this rapid mid-term assessment. Copies of a self-administered questionnaire were distributed to employees from 50 enterprises randomly selected out of the original 118 participating enterprises identified for prevention activities, across the seven target provinces. Participants were asked to fill out the surveys under the supervision of the mid-term assessment team. In-depth interviews were completed with representatives of selected enterprises, VAAC, PAC, VCCI, DOLISA. A total study sample of 952 employees participated in the mid-term assessment. We also interviewed 100 peer educators, 50 enterprise managers, and 7 representatives of each VCCI, PAC, and DOLISA.

Main findings

Below we present a summary of key mid-term assessment findings, compared to results in the baseline assessment, when available. Further details are provided in the body of this report.

HIV-related KAP change among employees

- The percentage of employees having comprehensive knowledge of HIV Prevention has increased from 51.8 percent to 60.4 percent.
- The percentage of employees having positive attitude towards PLHIV and HRIs has increased from 13.4 percent to 61.7 percent.
- The percentage of employees having visited VCT for testing has increased from 3.8 percent to 35.6 percent.
- The percentage of male employees having sex with sex workers (SW) during the last 12 months have decreased from 14.1 percent to 11.7 percent.
- The percentage of male employees using condoms while having sex with SWs has increased from 76.9 percent to 88.3 percent.
- The percentage of male employees buying condoms at pharmacies was 65.3 percent
- 60 percent of 2.8 percent of drug using employees did not share needles.

Peer education program

- Peer educators are workers who were already employed by project enterprises, are appointed and paid by their employers for peer education work, and are willing to lead and carry out HIV prevention activities at their workplace.
- Peer educators functioned as core personnel of HIV communication activities for their own enterprises.

- The peer education program has been integrated into the existing workplace program/activities for sustainability and cost-effectiveness.
- Peer education programming has had notable effects on increased background knowledge of HIV prevention in the workplace.
- The number of peer educators increased nearly four times, from 163 in 2009 to 644 in 2011, in response to the increase in the number of employees accessing peer education (from 3,149 in 2009 to 52,633 in 2011).
- 75 percent of peer educators reported that they regularly conducted communication activities in small groups to provide their employees with knowledge of HIV prevention.
- 79.7 percent of peer educators had right and comprehensive knowledge.
- 98.5 percent of peer educators had an accepting attitude towards PLHIV.
- Distributing leaflets and radio/TV are the most effective.

Contribution of the project enterprises to the workplace-based HIV program

- The percentage of enterprises having HIV-workplace policies has dramatically increased from 14.2 percent to 98.3 percent.
- The percentage of enterprises having policies on employment support for PLHIV has increased to nearly one quarter (22 percent).
- The percentage of enterprises carrying out comprehensive workplace program has increased from 0 percent to 69.5 percent.
- The percentage of enterprises referring their employees to VCT has increased from 29 percent to 35.6 percent.
- The percentage of enterprises referring their employees to STI has increased from 22.6 percent to 34.7 percent.
- The percentage of enterprises having HIV-Prevention Communicators has increased from 11.3 percent to 100 percent.
- The percentage of enterprises carrying out at least one HIV- Prevention activities has increased from 39.6 percent to 100 percent.
- The percentage of enterprises implementing condom program has increased from 53.8 percent to 100 percent.

- Financial resources that project enterprises spent to cover costs of HIV-Prevention activities has steadily increased from US\$5,000 in 2009 to US\$133,708 in 2010 and US\$177,183 in 2011.

Roles of VCCIs, PAC and DOLISA in conducting supportive supervision of the workplace-based HIV program

- Local VCCIs conducted 180 quarterly supervision trips to individual enterprises to ensure their activities were in line with the *Technical Guidelines on HIV Prevention in the Workplace*. Activities included the following:
 - Trained PE and being master trainers.
 - Participated in development of training tools.
 - Advocated and promoted CSR in creating employment, providing financial support as well as equipment to PLHIV and HRIs.
 - Advocated the Ministry of Finance to revise policies on tax reduction and exemption for HIV – related activities in Laws on Enterprise income tax.
 - Developed criteria related to CSR Awards to encourage enterprises to implement HIV Programs.

Conclusions

- Knowledge on HIV prevention among employees had a modest improvement due to elevated levels of existing knowledge at baseline.
- Positive attitude towards PLHIV among employees exhibited a dramatic improvement.
- Positive changes in behaviors could be seen among employees
- Peer education program has made great contribution to the improved knowledge, attitude and behavior among employees and the reduced discrimination and stigma against PLHIV.
- Practical support and active participation of these governmental agencies in the project implementation has helped to bring about employees' improved knowledge of HIV prevention, positively altered attitudes toward PLHIV, decreased high-risk behaviors, and a much better legal environment favorable for the implementation of HIV-workplace prevention activities in Vietnam.

Recommendations

Based on the above conclusions we advance the following recommendations:

- Extend this program to all enterprises in the provinces
- Increase participation, cooperation and directions of governments, relevant agencies and mass organizations at all levels: People Committee, Ministry of Health, DOLISA, Labor Union, VCCI in the Program
- Develop a system of established policies and regulations for monitoring and evaluation of the implementation of HIV-workplace activities where the Provincial People's Committees and DOLISA play the role of checking and monitoring the program implementation of these enterprises, PACs/DOH and VCCI at provincial level provide technical assistance; enterprises carry out activities and pay costs
- Develop policies/mechanism for rewarding those agencies/individuals who excel in HIV-workplace prevention activities
- Enhance accessibility of enterprises to National HIV Prevention Programs
- Strengthen capacities of VCCI and associates in monitoring and supporting enterprises to implement the program

1. Introduction

1.1. Background and context

The HIV/AIDS epidemic has significant impact all over the world. HIV/AIDS has not only caused the increase in premature morbidity and mortality but has also significantly impacted the social and economic development of affected countries. In Vietnam, by 2011, the Ministry of Health estimated that there would be 270,000 people living with HIV (PLHIV). PLHIV are increasingly younger (82 percent of cases¹ are between the age of 20 and 39 years) and unprotected sex is becoming a more significant mode of HIV transmission. Several workplace settings, including the entertainment industry and construction sites, where high proportions of displaced workers are found, create conditions for risky behaviors and HIV transmission. In addition, most-at-risk populations (MARPs), such as recovering IV drug users (IDUs) returning from rehabilitation centers, are at higher risk of relapse and contracting HIV as they face difficulties accessing employment opportunities and other social services.

In response to this situation, the USAID HIV Workplace project² works with government organizations, the private sector, and civil society to prevent HIV infection among high-risk individuals (HRIs) at the workplace. The project's specific objectives include:

- To help targeted enterprises implement sustainable comprehensive HIV prevention programs that aim to reduce HIV-related risk behaviors among employees, to reduce stigma and discrimination at the workplace, and to support the employment services for recovering IDUs, 05/06 returnees and PLHIV.
- To test and promote innovative approaches to improve access to health services, including but not limited to HIV counseling and testing, drug treatment, and antiretroviral therapy for employees, and, most importantly, for recovering IDUs, 05/06 returnees and PLHIV.
- To develop sustainable models to improve access to employment services for recovering IDUs, 05/06 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.

Since early 2009, the USAID HIV Workplace project has targeted large and small workplaces with 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 have included a) promoting economic rehabilitation or economic strengthening for high risk individuals through vocational training and employment support services for HRIs; b) fostering favorable working environments by improving the availability of health and social services as a means to preventing risky behavior and reducing stigma and discrimination; and c) expanding access to micro-financing loans for self-employment among HRIs. Workplaces are supported by the

¹ Viet Nam Administration for AIDS Control (2011). Report on HIV/AIDS epidemic in Vietnam in 2010.

² Full name is USAID's Workplace-Based Prevention and Employment and Supportive Services for High-Risk Individuals in Vietnam Project, implemented by Chemonics International from Oct 2008 till Sep 2013 with the budget of approximately 3 million USD.

project would implement a comprehensive package on HIV prevention (composed of 10 components) including:

- 1) Establish the Board of HIV/AIDS prevention and control.
- 2) Develop workplace-based HIV policy.
- 3) Develop activities and a financial plan for the program.
- 4) Carry out HIV communication activities.
- 5) Carry out the Condom promotion program.
- 6) Refer and transfer employees to HIV /AIDS prevention, care and treatment services in the area.
- 7) Provide care and support for HIV-infected employees.
- 8) ME and reporting.
- 9) Co-ordinate with community in HIV/AIDS prevention.
- 10) Has fund for HIV/AIDS.

During the first three years, the project focused on developing best practices and building the capacity of our partners including provincial VCCIs, business associations and enterprises to implement HIV workplace program. Key achievements include:

- Increased coordination among stakeholders including government agencies, PEPFAR implementing partners, the business sector, and other international donors.
- Successfully developed and rolled out the Technical Guidelines on HIV Prevention in the Workplace to facilitate the expansion of the program among the large business community.
- Contributed to the sustainability of workplace prevention programs by building capacity of provincial VCCIs to implement these programs and promoting cost sharing among enterprises to cover associated costs.
- Implemented HIV workplace programs in 118 enterprises covering five selected business sectors (transportation, construction, mining, service and tourism, and manufacturing) by promoting a comprehensive support package focusing on policies, prevention programs, service referral, condom promotion and HRI employment in seven PEPFAR provinces. Of those enterprises, 66 percent carried out a comprehensive HIV workplace program by year 3. (See figure 1 and 2 on the following page for progression of the workplace program performance).

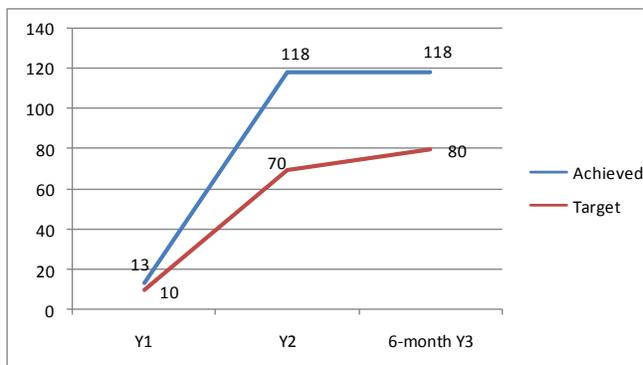


Figure 1: Number of enterprises implementing workplace program

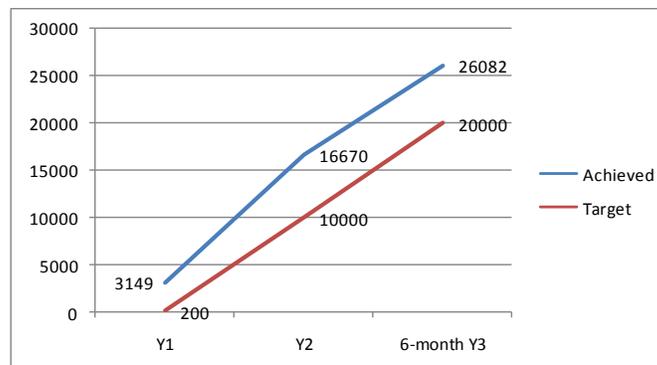


Figure 2: Number of employees reached through workplace program

- Project enterprises provided increased resources for HIV/AIDS programs including HIV workplace programs, encouraging implementation of HIV programs at the community level, and supporting the recruitment and business skills development of PLHIV/HRI.

1.2. Purpose and Objectives

Although the workplace-based HIV program reached a large number of employees from associated enterprises, it is important to determine whether these interventions have helped to improve knowledge, attitude, and safe practice (KAP) among employees. Therefore, as part of the project's monitoring and evaluation activities, a rapid assessment and follow-up evaluation was conducted to answer the following questions:

- Have workplace-based HIV prevention interventions at project enterprises bring about HIV-related KAP change among employees?
- How have peer education programs worked? What can be done to improve their quality?
- What is the contribution of the project enterprises to a workplace-based HIV program? Can the program be scaled up to the whole enterprise sector?
- What have the roles of VCCI, PAC and DOLISA been in conducting supportive supervision of the workplace-based HIV program?

1.3. Scope of the assessment

The assessment considered a universe of 118 project enterprises in 7 PEPFAR-focus provinces: Ha Noi, Hai Phong, Quang Ninh, Nghe An, HCMC, Can Tho, and An Giang. These 118 enterprises were originally identified in the baseline assessment, completed in 2009. A random sample of 50 enterprises from this universe for assessment purposes, 34 of which (accounting for 68 percent) participated in the baseline assessment (See Annex 1) was selected. For the follow-up evaluation for this mid-term report, the original 34 sites that participated in the baseline study was revisited.

1.4. Methodology

The methodology of the workplace-based assessment included a combination of in-depth interviews and a synthesis of program monitoring data from routine quarterly reports and supervision trips. For the purpose of comparing the baseline and mid-term assessments, similar study methods and tools were used.

Recommendations on strategy for implementation strategy and replication of a sustainable workplace-based HIV program among multi-sectoral stakeholders were made basing on best practices and strategically selecting “success cases” identified by the rapid assessment and this subsequent re-evaluation

1.5. Sample and data collection tools

Workplace-based Survey

For the mid-term assessment, a cross-sectional survey was conducted among employees and workplace-based peer educators using self-administered questionnaires adapted from those used for the baseline assessment completed in 2009 (see Annexes 2 and 3 for questionnaires for employees and peer educators). Questions asking about the enterprises’ policies on HIV prevention, the establishment of HIV Prevention Board, creation of HIV peer educator teams, communicator teams were deleted from the questionnaires as the answers to them can be found in regular M&E reports.

Sample size for employees was calculated using the below equation:

$$n = \frac{\left\{ z_{1-\alpha/2} \sqrt{2\bar{P}(1-\bar{P})} + z_{1-\beta} \sqrt{P_1(1-P_1) + P_2(1-P_2)} \right\}^2}{(P_1 - P_2)^2}$$

Where,

- n is sample size.
- P1 is the proportion of employees who reported having sex with a non-cohabiting partner in the previous 12 months which was 18.1 percent (Baseline assessment data).
- P2 is the expected proportion of employees who reported having sex with a non-cohabiting partner in the previous 12 months which is estimated to be 10 percent.
- Alpha is the level of significance which is estimated as 5 percent.
- (1 – Beta) is the power of the test, defined as 95 percent.

Therefore, n is equal to 476 employees. As a *multistage sampling method* was used, the total sample size of employees was calculated by multiplying by the design effect, estimated to be equal to 2. The calculated sample size was equivalent to at least 952 (476 x 2) employees.

In order to choose employees for the survey, 50 enterprises from the list of 118 project-enterprises initially identified were randomly selected. The number of employees selected from each enterprise was proportionate to the total number of employees of enterprises. Employees were randomly selected from the employee list provided by enterprises as sampling frames to establish the study sample. A total of 967 employees ultimately participated in the survey. All participating employees were given the questionnaire to fill out by themselves. No one submitted the uncompleted questionnaires.

Sample size for peer educators: Depending on the enterprise size, enterprises have two to 30 peer educators. For convenience purpose, 100 peer educators (2 peer educators per enterprise) was selected to be included in the survey.

In-depth Interviews

In-depth interviews were carried out among enterprise managers (one per each enterprise) to gain an understanding of various issues on HIV-related workplace policies and prevention interventions. Furthermore, representatives from local VAAC, VCCI, DOLISA and PAC were invited to share viewpoints on their roles in and the sustainability of the workplace-based HIV program as well as recommendations for better implementation and replication of the program (See Annexes 4 and 5 for sample interview guides).

Total of sample size is presented in the table below:

<i>Respondent</i>	<i>Sample size/enterprise</i>	<i>Total sample size among 50 enterprises</i>
Employees	Depend on enterprise size	952
Peer educators	2	100
Enterprise managers	1	50
VCCI representative	1	7
PAC representative	1	7
DOLISA	1	7

Program monitoring data

Data and information from the project’s semi-annual trackers and quarterly supervision trip reports were systematically reviewed and synthesized to provide information on the current workplace program as well as the direct and indirect cost contribution from the 118 participating project enterprises to the workplace program. Gross estimations of unit costs were made using information provided by enterprise managers during the in-depth interviews.

Data Collection Team

The data collection team consisted of Chemonics and local VCCI staff, who were in charge of conducting interview with employees, peer educators and employers with support from

enterprise HIV/AIDS committees. Chemonics staff directly conducted in-depth interviews with representatives of VAAC, PAC, VCCI, Labor Union and leaders of project enterprises.

Quality control and ethical issues

For data quality control purposes, the self-administration questionnaire was piloted in at least two enterprises in Ha Noi and then sent to two enterprises in 2 other provinces to test the response rate. Local data collectors were trained on how to use interview guides/structured questionnaires and interview skills to ensure all field staff had the same understanding about the assessment and the tools. Chemonics staff then retrained local staff in the 7 target provinces. Chemonics staff was also trained on how to conduct the interviews keeping in mind the ethical principles for field research. As mentioned earlier that all research tools used in this mid-term assessment were exactly the same as those in the baseline survey. So the ethical principles were already adopted by the Medical Ethics Council of Hanoi Medical University. Potential respondents were informed of the purpose of the study to assure that information collected would be held in strict confidence. The staff were required to obtain informed consent from respondents prior to the interview. Participation was voluntary. The report did not include any names of respondents to protect their privacy and confidentiality. Only aggregate data was used. Chemonics field staff supervised data collection. At the end of each day, Chemonics staff checked all questionnaires and asked the local staff to revise and return to the enterprises in case corrections was needed.

Data Analysis

Survey data were screened and entered into EPI DATA using specific software for data entry and quality checks. If a mistake was found during the data entry process, data entry staff would check the original questionnaire and revise the information. The unit of analysis was the individual respondent. We used SPSS software to analyze data from the mid-term assessment as we did not combine baseline data in the analysis. Comparisons between the baseline and mid-term results consider these as separate, independent evaluations. For interpretation of results we used other sources of information for triangulation purposes.

1.6. Limitations

This type of assessment may include two types of bias: recall bias and the bias arising from the tendency of respondents to give inaccurate responses to questions about risk behaviors. Respondents may try to minimize their risk behaviors based on their own perception of what would be desirable. The research team used well-trained data collection staff as well as anonymous, self-administered questionnaires to minimize these types of bias.

Additionally, the economic contributions from enterprises and the quality of the workplace program can only be estimated given the rapid nature of the assessment. A more rigorous evaluation was not possible given time and budget constraints. An examination of the cost efficiency and cost-benefit of project interventions was beyond the scope of this mid-term assessment.

2. Findings and Discussions

Prior to project implementation, local enterprises' activities on HIV prevention were limited, No enterprises had ever implemented the comprehensive HIV Prevention Program including 8 to 10 of the components outlined in the introduction. The 2009 baseline assessment revealed the following scenario:

- Only 14.2 percent of the enterprises had policies on HIV workplace prevention, most of which focused on regular health check-ups.
- Few enterprises had policies on employment support for PLHIVs and HRIs. Few activities were reported that involved referring employees to locally available health service providers were carried out (29 percent of enterprises reported referring employees to the locally available VCT; 22.6 percent of enterprises reported referring their employees to locally available STIs).
- Just over one-tenth (11.3 percent) of enterprises had HIV workplace prevention communicators/peer educators; 39.6 percent of the enterprises had carried out HIV prevention activities; and 53.8 percent of the enterprises implemented condom program (distributed for free or sold with discounted prices).
- Employees' knowledge about prevention of HIV transmission was also very limited, with only half (51.8 percent) of the employees showing an accurate understanding. Additionally, 86.6 percent of the employees had negative attitudes towards PLHIVs, exhibiting likelihood for discrimination in the workplace.
- Enterprises working in five particular sectors- including construction, transportation, service and tourism, mining and industrial zones - were seen as those with high concentration of HRIs; however the percentage of employees who reported to have come to VCT for testing was very small, only 3.8 percent.

What has been done since then?

Since 2009, the project has focused on strengthening workplace-based HIV prevention activities in 118 project enterprises with the coordination of VCCIs and enterprises from provinces participating in the project, specifically:

- Supported the enterprises in developing and implementing policies on HIV prevention; establishing HIV prevention and control boards, communicator team within the enterprises. This activity was carried out through a workshop introducing the project and regular supervision visits to the enterprises/
- Provided trainings of trainers on HIV prevention. These trainers would in turn retrain enterprises' communicators/peer educators.
- Provided technical trainings for enterprises' communicators/peer educators. Then these trained communicators/peer educators would draft and implement communication plans within their own enterprises.

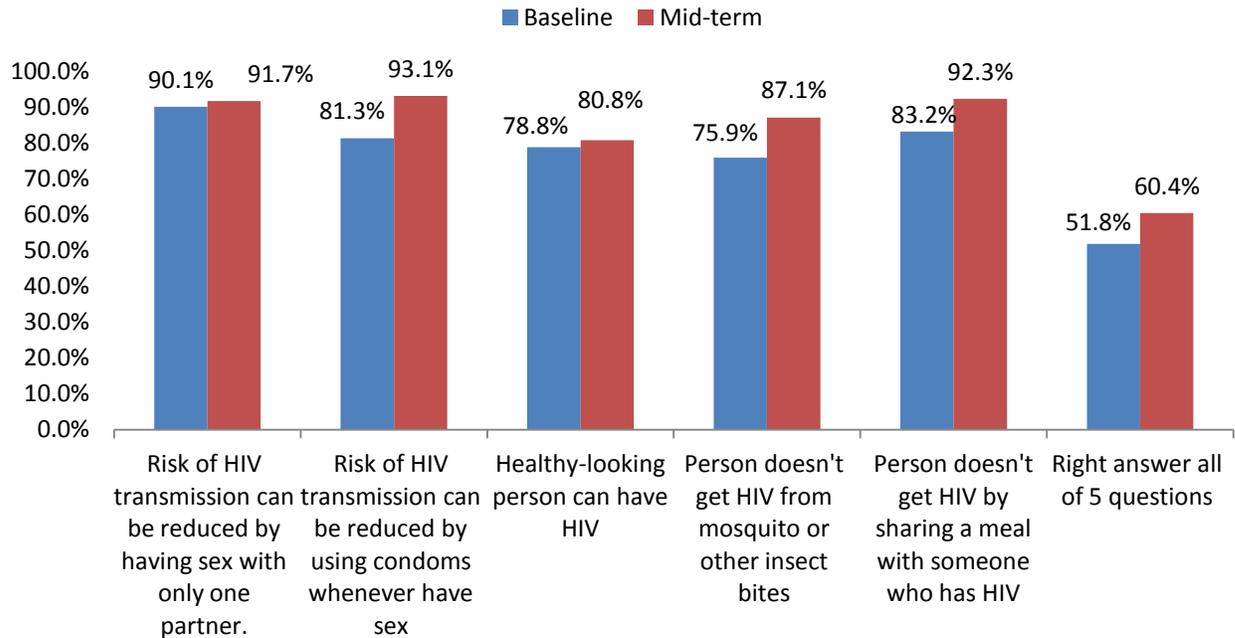
- Carried out communication activities at workplaces to improve the employees' awareness of HIV prevention, reduce the discrimination against PLHIVs at workplaces and promote behaviors that are good for employees. These communication activities included communication in small production groups, direct individual counseling; distribution of communication materials, leaflets, videos and discs made by the communicators/peer educators themselves.
- Provided condoms for free and sold them with discounted prices to employees.
- Referred employees to such locally available health service providers as VCT, STI, methadone maintenance treatment (MMT).
- Provided employment service and financial support for PLHIVs and HRIs.

2.1. HIV – Related KAP Change Among Employees

Knowledge

To measure knowledge of employees on HIV prevention, we employed the same questionnaires used in the baseline assessment to measure the level of understanding of employees about modes of HIV transmission and other risks. Mid-term study results reveal an overall increase of about 10 percent in the percentage of employees reporting comprehensive knowledge of HIV prevention (i.e. giving five correct answers on the questionnaire) compared to the results of the baseline assessment (60.4 percent and 51.8 percent, respectively; please see figure 2). We note that the proportion of correct responses for each of the questions in the panel was already generally high at baseline so the modest overall increase observed at mid-term is not surprising.

Figure 2: Background Knowledge of HIV Prevention of Employees Before and After Project Interventions Attitude

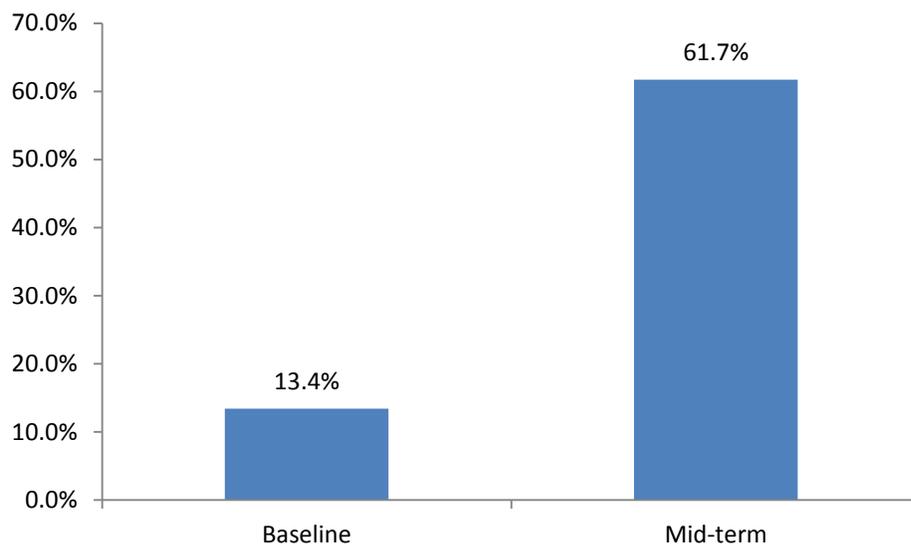


Stigma and discrimination against PLHIV has become a barrier for effort of governmental agencies, international and local NGOs, and others active in HIV Prevention. PLHIV are isolated and have difficulty in accessing counseling and caring services leading to increased risk of transmission at the community level due to limited knowledge of the disease. With the remarkable effort of the project peer educators, reported stigma and discrimination against PLHIV has declined significantly. Nearly 62 percent (48.3 percent increase) of employees confirmed accepting and supporting attitudes towards PLHIV in following situations:

- Are accepting of PLHIV selling food.
- Showing willingness to take care of PLHIV.
- Believes an HI -infected teacher should be allowed to continue teaching at school.
- Accepting PLHIV in the workplace.

To-date, 101 PLHIV/HRI report current or previous employment in a supportive and discrimination-free work environment.

Figure 3: Percentage of Employees Who Express Accepting Attitudes Toward PLHIV Before and After Project Interventions



Practice/Behavior

According to mid-term assessment results, changes in HIV prevention behaviors among employees were observed through following points:

- Percentage of employees who have tested for HIV at a VCT site radically increased from 3.8 percent to 35.6 percent.
- The percentage of male employees having sex with sex workers during the previous 12 months decreased from 14.1 percent to 11.7 percent.
- The percentage of male employees reporting to have used a condom during their last sexual encounter with a female sex worker increased from 76.9 percent to 88.3 percent. Three quarters of male employees reported that they bought condoms at pharmacies.
- The percentage of employees reporting STD symptoms was 15.6 percent; nearly all of them (97.7 percent) agreed that they should get tested immediately after discovering any symptoms.
- The percentage of employees reporting to have used drug was 2.8 percent, of which over 60 percent didn't share injection needles in the previous 12 months.

Please see Table 1 below for the proportion of employees exhibiting changes in their KAP.

Table 1: Proportion of Employees Having Changes in Their KAP

Indicators	Before Project	After Project Intervention	Conclusions

	Intervention		
Percentage of employees having comprehensive knowledge of HIV Prevention	51.8%	60.4%	Knowledge on HIV prevention among employees has improved but not much
Percentage of employees having positive attitude towards PLHIV and HRIs	13.4%	61.7%	Attitude towards PLHIV among employees was dramatically improved
Percentage of employees having visited VCT for testing	3.8%	35.6%	Positive changes in behaviors could be seen among employees
Percentage of male employees having sex with SW	14.1%	11.7%	
Percentage of male employees using condoms while having sex with SWs	76.9%	88.3%	
Percentage of male employees buying condoms at pharmacies		65.3%	
Percentage of drug using employees not sharing needles		1.7%	

Thus, it is necessary for community and enterprises to expand HIV prevention workplace programs to protect their employees from bad effect of HIV.

2.2. Peer education program

Peer education program

The peer education program has been integrated into the existing workplace program/activities for sustainability and cost-effectiveness. As one of the most important components of the HIV Workplace Prevention Program, peer education programming has had notable effects on increased background knowledge of HIV prevention in the workplace. The peer education program was set up by the Enterprise Steering Committee on HIV, which integrated into existing workplace program such as health care, work safety, capacity building for employees, and trade/youth/women union activities.

Peer educators

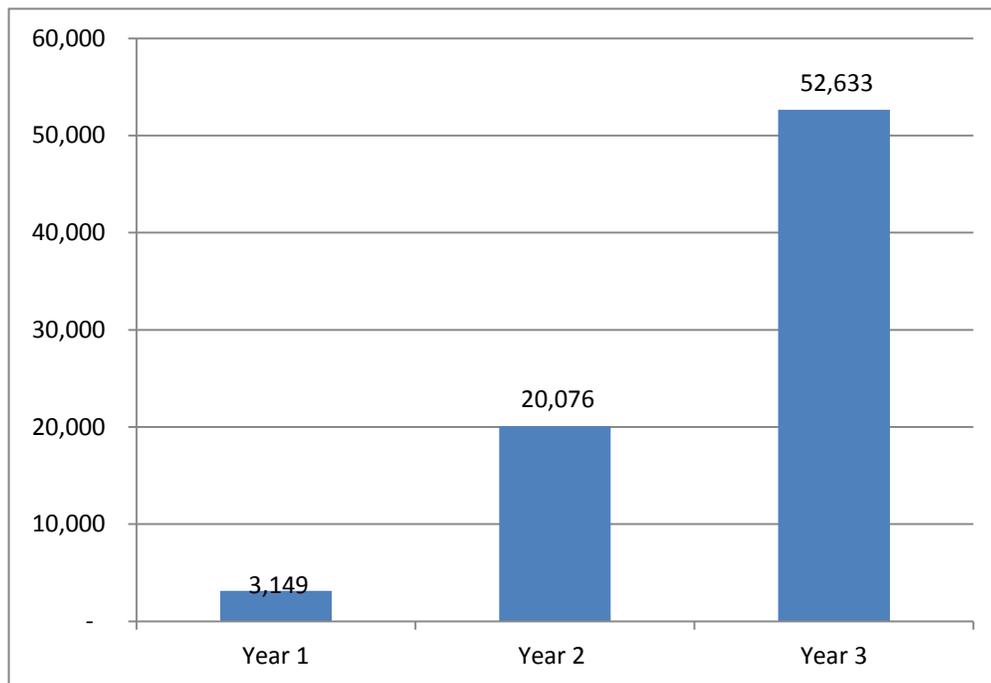
Peer educators are workers who were already employed by project enterprises, who are appointed and paid by their employer for peer education work, and are willing to lead and carry out HIV prevention activities at their workplace. These workers were trained at least twice using the standard training program developed by the project in collaboration with International Organizations of Migration (IOM). In addition, they received technical

assistance from VWEC/VCCIs, VCA, and improved capacity through their peer education practice and competition events.

They function as core personnel of HIV communication activities for their own enterprises. Peer educator teams are responsible for planning for communication activities inside and outside their enterprise; designing, conducting, and reporting on communication activities; supporting medical teams to provide care and support to PLHIV/HRIs; and continuing self-study to improve knowledge and skills related to HIV prevention and HRIs.

The number of peer educators increased nearly four times, from 163 in 2009 to 644 in 2011, in response to the increase in the number of employees accessing peer education (from 3,149 in 2009 to 52,633 in 2011), as noted in Figure 4. Initially, one peer educator was responsible for 50 employees exhibiting risky behavior. At present, the project's peer educator to employee ratio is 1:53 due to the elevated number of employees.

Figure 4: Number Employees Reached Through the Peer Educators Communication Program per Year



Communication activities carried out by peer educators include Information Education Communication/Behavior Change Communication (IEC/BCC) in small and big groups, interpersonal communication, as well as provision of information and promoting the use of supportive services on HIV prevention, VCT, ART, PMTCT, STI, and MMT. The most common communication activity that peer educators used is communication in small groups. Seventy-five percent of peer educators reported that they regularly conducted communication activities in small groups to provide their employees with knowledge of HIV prevention. This kind of activity was carried out in many different ways: for example, it could be integrated in the enterprises' on-going HIV activities such as periodical check-ins, Trade Union's meetings, Youth Union's meetings, life safety trainings, or competitions and other thematic

communication activities. Each session lasted approximately two hours and many were integrated into existing workplace programs to save time and cost.

Quality of peer educators

Knowledge and attitude

One of the most decisive factors of quality of the program is peer educators' knowledge of HIV Prevention and relevant issues. Prospective peer educators ideally answer all 18 basic questions about HIV, STD, VCT and HIV Prevention (Annex 3). Results of mid-term assessment indicated that 79.7 percent of peer educators had right and comprehensive knowledge.

Three questions (see questions 14, 15, 16 in annex 4) were designed to check whether peer educators experience stigma and discrimination against the PLHIVs. The mid-term assessment indicates that 98.5 percent of peer educators had an accepting attitude towards PLHIV. They have the "right attitude" if they can answer correctly the three following questions:

1. One colleague of you recently looks tired and skinny. Sometimes he has diarrhea. The other colleague said "He is HIV positive for sure". Is that sentence correct in this situation from your opinion?
2. There should be a separate department for co-worker that infected with HIV in order to ensure safety for the others.
3. HIV infected person should not work as he/she is easily to get sick.

Performance

Peer educators conducted communication activities to disseminate knowledge of HIV Prevention and relevant issues among employees. In the last three years, peer educators have regularly carried out such activities as communication in small groups, in large groups, and through direct counseling to individuals (see Table 2 for more details). In addition to these direct communication activities, indirect communication activities were also carried out to make sure that the majority of employees could get access to the information. The most commonly used indirect communication activities include distributing materials, leaflets, posters, and enterprises' internal radio.

Table 2: Result of communication activities in 3 years

Types of communication activities	Number of session	Number of employees reached
Inter-personal communication	14.711	14.771
Small scale group	1.632	36.546
Large scale group	332	24.541

According to the findings of the mid-term assessment, when asked about which communication activities are effective, need sustaining and/or extending, the majority of employees (more than 50 percent) reported that distributing leaflets and radio/TV are the most effective. Results of in-depth interviews once again showed that employees obtained knowledge about prevention in many ways, bringing positive results.

“Enterprises are characterized by the fact that workers work by products and on shifts, so it is difficult to schedule for direct communication activities. Radio is a useful way to provide employees with knowledge. It could be made into series of issues according to topics to get gradual effect. In addition to, distributing leaflets and magazines on HIV is also effective for employees to read in free time”

–VCCI staffer

To improve the quality of communication activities in the future, indirect communication (publishing DVDs or VCDs, distributing leaflets) should be prioritized, rather than direct communication (in groups or personal counseling), especially following characteristics of each enterprise. The peer education program has made great contribution to the improved knowledge, attitudes and behavior among employees and the reduced discrimination and stigma against PLHIV.

However, some activities carried out by peer educators were hindered due to difficulty in arranging time to disseminate information to employees. Additionally, some peer educators lacked knowledge and skills to communicate; or lacked motivation and encouragement, which exemplifies an identified area of improvement. In the future, it would be ideal if peer educators are given more support in term of policies, budget and time from their enterprise to improve the quality and reach of their HIV-related work.

2.3. Contribution of the project enterprises to the workplace – based HIV program

Development and implementation of the comprehensive workplace-based HIV program

Before the project intervention, HIV-Prevention activities had already been done at enterprises but they were not as many and visible. With project support, these activities and their visibility improved significantly. Please see Table 3 below for more information.

Table 3: Proportion of enterprises implementing HIV Prevention activities before and after the project interventions

Activities	Before	After
Have HIV-workplace policies	14.2%	98.3%
Have policies on employment support for PLHIV	NA	22%
Carry out comprehensive workplace program	0%	69.5%
Referral to VCT	29%	35.6%
Referral to STI	22.6%	34.7%
Have HIV-Prevention Communicators	11.3%	100%
Carry out HIV- Prevention activities	39.6%	100%
Implement condom program	53.8%	100%
Cover costs of HIV-Prevention activities	US\$5,000 (2009)	US\$177,183 (2011)

Following annual project reports, 118 enterprises received technical assistance from provincial VCCIs to strengthen the implementation of comprehensive HIV prevention packages that include developing workplace policies, carrying out HIV focused communication and messaging 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. So far, of those 118 enterprises, 82 (69.5 percent) carried out a comprehensive HIV workplace program (at least 8 out of 10 comprehensive HIV package components).

Please see Table 4 below for proportions of enterprises implementing each of the 10 components of the comprehensive workplace program and Figure 5 for proportion of enterprises implementing comprehensive HIV workplace program by year.

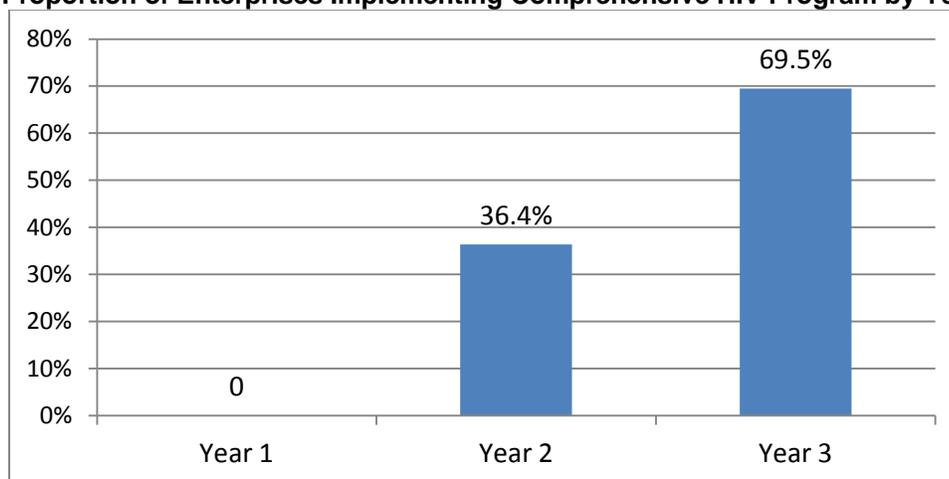
Table 4. Proportion of Enterprises Implementing 10 Components of the Comprehensive Workplace Program

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. Carry out HIV communication activities	71.2%	91.5%
5. Carry out a social marketing condom program	100%	100%

Workplace-based HIV/AIDS program components	Proportion of 118 enterprises	
<i>Bought condoms to distribute to employees</i>	8.5%	5.9%
6. Referral to VCT, RTI/STI, ART, MMT or detoxification	23.7%	51.7%
7. Provide care and support for PLHIV, HRIs and their family (among enterprises reported to have PLHIV/HRIs)	100%	100%
8. Has quarterly report	74.5%	95.8%
9. Collaborate with community to carry out HIV prevention and control activities	18%	46.6%
10. Has fund for HIV/AIDS	67%	100%

Source: This information is taken from the project's bi-annual M&E reports

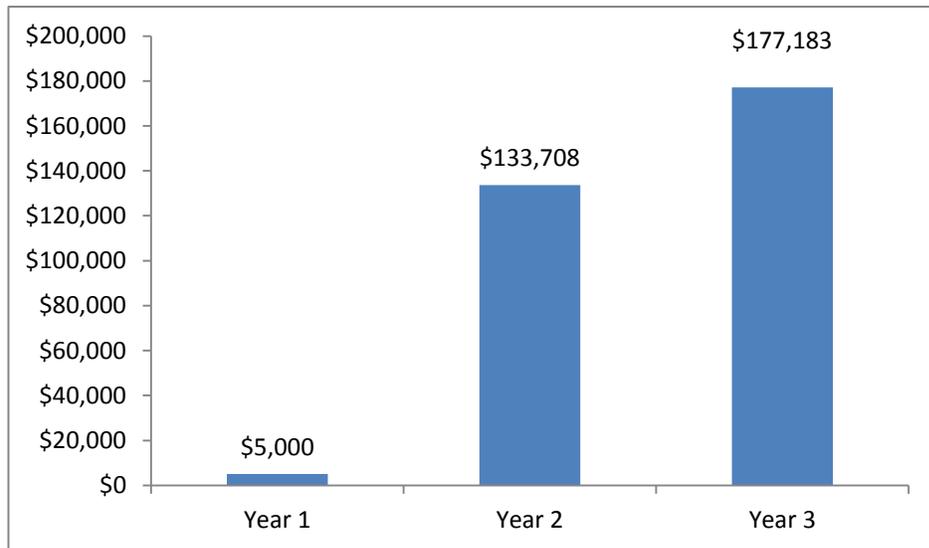
Figure 5. Proportion of Enterprises Implementing Comprehensive HIV Program by Year



Financing a comprehensive workplace-based HIV program and Corporate Social Responsibility (CSR)

Project enterprises have provided increasing resources to enable communities to carry out HIV prevention programs and support the recruitment of PLHIV/HRI as well as their business development. Through the project's regular M&E visits to enterprises during the past three years, the project encouraged enterprises to raise funds for HIV prevention activities to cover costs of training and communication activities, and buy condoms to distribute to employees. In addition, the project cooperated with VCCIs to organize workshops to recognize enterprises with practices that incorporated HIV prevention and to encourage enterprises to provide support either in cash or in kinds to those PLHIVs or HRIs with business development ideas or initiatives. A cumulative total of approximately USD **\$315,891** has been mobilized to cover the costs of the workplace prevention program. These costs include: HIV prevention and control events taking place within enterprise; contributions to surrounding communities to conduct HIV prevention; and contributions to raise funds for PLHIV/HRIs to start up their business. Approximately 101 PLHIV/HRIs have received support to work in a more favorable and discrimination-free working environment. Contributions for HIV prevention from the 118 targeted enterprises consecutively increased from USD \$5,000 in 2009, to USD \$133,708 in 2010, and USD \$177,183 in 2011 (Figure 6).

Figure 6: Budget in HIV prevention distributed by enterprises year by year.



Based on this information it is possible to conclude that the project has brought about significant changes among enterprises in terms of HIV workplace prevention laying the groundwork to scale up interventions to the whole sector. It is noteworthy to divulge that some enterprises and their leaders were not interested in HIV prevention activities for their employees. They did not have policies or incentives offered to those individuals who actively participated in this program nor did they give time for peer educators to participate in the program

2.4. Roles of VCCIs, PAC, and DOLISA in conducting supportive supervision of the workplace – based HIV program

Local VCCIs conducted 180 quarterly supervision trips to individual enterprises to ensure their activities were in line with the *Technical Guidelines on HIV Prevention in the Workplace*. Activities included the following:

- Trained PE and being master trainers.
- Participated in development of training tools.
- Advocated and promoted CSR in creating employment, providing financial support as well as equipment to PLHIV and HRIs.
- Advocated the Ministry of Finance to revise policies on tax reduction and exemption for HIV – related activities (i.e. laws on enterprise income tax).
- Developed criteria related to CSR Awards to encourage enterprises to implement HIV prevention programs.

Practical support and active participation of these governmental agencies in project implementation has helped to bring about employees’ improved knowledge of HIV

prevention, positively altered attitudes toward PLHIV, decreased high-risk behaviors, and fostered a more favorable legal environment for the implementation of HIV-workplace prevention activities in Vietnam Specific achievements include:

- Article 14, Laws on HIV/AIDS Prevention and Control specifies that all enterprises have to conduct HIV/AIDS communication activities among employees.
- Ministry of Health issued Technical Guidelines for Implementing of HIV/AIDS Workplace Prevention.
- Decree 122/2011/ND-CP issued on 27/12/2011 to replace Decree 124/2008/ND-CP specifies in detail and provides instructions on the implementation of some articles in the Laws on Enterprises Income Tax, including a tax exemption of at least 30 percent would be applicable to enterprises recruiting the disabled, RDUs, PLHIV; and a tax reduction would be applicable to HIV – related activities.

Despite these achievements, workplace HIV prevention activities have been implemented at just a fraction of enterprises in Vietnam. These activities would be more effective with greater concern, cooperation, and directions of governments and relevant agencies and mass organizations at all levels, such as People’s Committee, Health Sector, MOLISA, Labor Union and VCCI.

3. Conclusions

After three years of project implementation, the assessment team found remarkable results leading to encouraging enterprises to implement a comprehensive HIV workplace prevention program, creating employment, providing financial support to PLHIVs and HRIs, raising employees’ knowledge and changing their attitudes and behaviors towards HIV Prevention. These findings allow the following conclusions:

- Knowledge on HIV prevention among employees improved modestly due to increased proportions of accurate knowledge on HIV transmission.
- Attitude towards PLHIV among employees improved dramatically.
- Employees depicted positive changes in behaviors.
- In order to expand workplace HIV prevention programs to protect employees from unwanted risks it is necessary to support and scale up support
- Peer education programs made great contributions to improved knowledge, attitudes and behaviors among employees as well as reduced discrimination and stigma against PLHIVs.

- It would be much better if peer educators were given more support in term of policies, budget and time from their enterprise to improve the quality and quantity of their HIV-related work.
- The project brought about significant changes among enterprises in term of workplace HIV prevention which would justify scale up to the whole sector.
- Practical support and active participation of government agencies in project implementation have helped to bring about employees' improved knowledge of HIV prevention, positively altered attitudes toward PLHIV, decreased high-risk behaviors, and fostered a favorable legal environment favorable for implementation of workplace HIV prevention activities in Vietnam.
- M&E activities among all stakeholders need strengthening.
- Workplace HIV prevention activities have been implemented at a fraction of enterprises in Vietnam. Greater concern, cooperation, and direction of government and relevant agencies and mass organizations at all levels, like People's Committee, Health Sector, MOLISA, Labor Union and VCCI, would contribute to an enhanced response.
- Factors that have contributed to project success include:
 - Program support by enterprises' Board of Directors.
 - Enterprises' capable and passionate staff.
 - HIV prevention activities were integrated in enterprises' other activities such as those carried out by the Trade Union, Youth Union, Women Union, or health care activities for the employees.
 - Connections with outside supportive services such as VCT, OPCs, PMTCT, SCT treatment facilitated needed synergies.

4. Recommendations

Besides successes achieved by the project it is necessary to pay attention to the factors that hinder the HIV prevention program in the workplace, such as: a) limited capacity by some peer educators of enterprises to carry out activities; b) insufficient time to implement HIV prevention activities for employees; c) limited interest by some leaders of enterprises in HIV prevention programs; d) lack of coordination among departments and organizations to promote HIV prevention program in the workplace; e) lack of monitoring mechanisms, reward, and discipline. To promote the Workplace HIV Prevention Program effectively in the future, our findings indicate that the following steps should be considered:

- Extend this program to all enterprises at the provincial level.

- Increase participation, cooperation and directions of governments, relevant agencies and mass organizations at all levels: People Committee, Ministry of Health, DOLISA, Labor Union, VCCI.
- Develop a system of established policies and regulations for monitoring and evaluation of the implementation of workplace HIV prevention activities where the Provincial People's Committees and DOLISA play the role of checking and monitoring the program implementation of enterprises, PACs/DOH and VCCI at the provincial level provide technical assistance; and enterprises carry out activities and provide financial resources.
- Develop policies/mechanism to reward those agencies/individuals who excel in workplace HIV prevention activities.
- Enhance accessibility of enterprises to National HIV Prevention Programs.
- Strengthen capacities of VCCI and associates in monitoring and supporting enterprises to implement the program.
- Prioritize indirect communication (publishing DVDs or VCDs, distributing leaflets) taking into account enterprise characteristics.

Annex 1. List of enterprises in the Mid-term Assessment

#	Enterprise name
	Ha Noi
1	Thang Long Transportation Cooperative
2	Noi Bai Taxi Cooperative
3	VNSTEEL Thang Long coated sheets joint stock company
4	Vietnam Steel corporation
5	Machino Autopart Company
6	Dong Xuan Textile Company**
7	Dai Duong Mechanic Company**
8	Kim Bai Beer**
9	Mercure Hotel
	Nghe An
10	Ship Industry VINASHIN Company
11	Nghe An Trading and Salt Company**
12	Vinh Chemistry Company
13	Road Building IV Company
14	Trung Lai Lighter Production Company**
15	Viet Lao Economic Collaboration Company**
	Hai Phong
16	Duyen Hai Transportation Company
17	VIC Trading Company (feedstuffs)**
18	Dinh Vang Company
19	NamTrieu ship building corporation**
20	Viet Nhat metal Company**
21	SIC enterprise**
	Quang Ninh
22	Ha Tu Company**
23	Hon Gai Coal Preparation Company**
24	Ha Lam Coal Company**
25	Hoang Gia International Company**
26	Dong Duong Yacht Company**
27	Bien Ngoc Ha Long Company (Yacht)**
28	Entity Trading Company (Tourism)
	Ho Chi Minh City
29	Dat Thiep Transportation Corporation
30	Nhabe steel corporation**

#	Enterprise name
31	PosViNa
32	A Chau Company
33	Minh Chau Garment Company**
34	Vigawell Gament Company**
35	Thang Loi Internation Company**
36	Daiviet garment company
37	Ho Chi Minh Metal Company
38	Sai Gon Shoes Company**
39	Phuong Dong Gament Company**
	An Giang
40	An Xuyen Company**
41	Thuan An Trade and Service**
42	Quynh Khanh trade and service company
43	Khai Duyen Company**
44	Mai Linh Taxi Company**
	Can Tho
45	SADICO Company**
46	Thuan Hung Company**
47	PATAYA Food Company**
48	Kwong Lung Meko Company**
49	Can Tho Tourism Company**
50	Công ty xây dựng 586**

Note: ** denotes enterprises which participated in Baseline Assessment

Annex 2. Summary of key indicators

Indicators		Baseline Assessment	Mid-term Assessment
USAID/PEPFAR			
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 ten components	69.8%	100.0%
	All activities	0%	13.6%
	Establish an HIV/AIDS prevention committee		84.7%
	Develop HIV/AIDS policies in the workplace	14.2%	98.3%
	Make plan and estimate budget for the annual HIV/AIDS Workplace Prevention Program		91.5%
	Establish enterprise's peer education team	11.3%	100.0%
	Carry out HIV communication activities	39.6%	90.7%
	Carry out condom promotion program	46.2%	100.0%
	VCT referral	29.2%	35.6%
	STI referral	22.6%	34.7%
	Care and support for PLHIV	17.9%	22.0%
	Has fund for HIV/AIDS		34.7%
	Collaborate with community to carry out HIV prevention and control activities		39.8%
2	Percentage of employees trained in HIV-related stigma and discrimination reduction	67.6%	74.1%
3	Percentage of employees reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence	25.9%	74.1%
	Male	23.8%	71.0%
	Female	28.5%	77.7%
4	Percentage of employees trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful, and other behavior change beyond	4.5%	
	Male	4.9%	71.0%
	Female	4.0%	77.7%
Project			
5	Percentage of employees who reported ever using drugs	3.4%	2.8%
6	Percentage of employees who have had sex with a non-cohabiting sexual partner in last 12 months		17.6%
	Male	24.6%	25.7%

Indicators		Baseline Assessment	Mid-term Assessment
	Female	7.8%	8.4%
7	Percentage of employees reporting to have not used a condom during the last sex with non-cohabiting partner	23.4%	22.4%
8	Percentage of male employees reporting to have not used a condom during last sex with a FSW	23.1%	11.7%
9	Percentage of employees who both correctly identified ways of preventing the sexual transmission of HIV and who reject major misconceptions about	51.8%	60.4%
9.1	Answered correctly that having sex with only one faithful uninfected partner can reduce risk of HIV transmission	90.1%	91.7%
9.2	Answered correctly that a healthy looking person can have HIV	81.3%	93.1%
9.3	Answered correctly that a healthy looking person can have HIV	78.8%	80.8%
9.4	Answered correctly that a person cannot get HIV from mosquito or other insect bites	75.9%	87.1%
9.5	Answered correctly that a person cannot get HIV by sharing a meal with PLHIV	83.2%	92.3%
10	Percentage of employees who express accepting attitudes toward PLHIV	13.4%	61.7%
10.1	Would buy food from HIV-infected shopkeepers or vendors	39.7%	67.9%
10.2	Believes HIV-positive status of a family member does not need to remain a secret	37.0%	
10.3	Willing to care for HIV-infected family member	93.0%	96.1%
10.4	Believes an HIV-infected teacher should be allowed to continue teaching at school	79.2%	88.3%
11	Percentage of employees who ever heard about employment and support services for HRIs	42.1%	
12	Percentage of enterprise distributing 3 or more condoms per employee per month	9.4%	
13	Percentage of employees who ever tested for HIV at a VCT site	3.8%	35.6%
UNGASS			
14	Percentage of employees aged 15-24 who both correctly identified ways of preventing the sexual transmission of HIV and who reject major	44.7%	45.8%
National M&E			
15	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		
15.1	Employees aged less than 25 years	26.9%	16.9%
15.2	Employees aged 15-49 years	18.7%	17.8%

Indicators		Baseline Assessment	Mid-term Assessment
16	Percentage of male employees reporting visiting female sex workers in the last 12 months	14.1%	11.7%
17	Percentage of employees aged 15-49 who express accepting attitudes toward PLHIV	13.1%	49.8%
18	Percentage of young men and women aged 15-24 who know sources of condoms	73.5%	98.8%

Annex 3. Employee questionnaire

This questionnaire should not require a right or wrong answers. Your participation is complete voluntary and we would not ask for your identification.

Your answers is very helpful for us in order to know how HIV/AIDS prevention program were carried out at workplace and it will help to develop intervention programs to support the workplace in the future.

Please circle the answer that you think is correct.

Name of enterprise:.....

Province:.....

Type of enterprise:

Government Private/Join-Stock/Limited liability/Cooperative FDI

Career:

Construction Mining Service Transportation Manufactory

#	QUESTION	ANSWERS
A.	Interviewee's information	
1.	Gender	[1] Male [2] Female
2.	Ageyears old
3.	What is your highest educational level (circle your highest level)	[1] Master or higher grade [2] College/University [3] Higher elementary school [4] High school [5] Secondary school [6] Primary school [7] Other, please specify.....
4.	What is your marital status?	[1] Single [2] Married [3] Separate [4] Divorced [5] Widowed
5.	Which career are you doing now?	[1] Construction worker [2] Worker in the factory [3] Mining [4] Truck, bus, taxi, train drivers [5] Sailor, fisher [6] Entertainment areas (hotel, restaurant...) [7] Officer/staff [7] Other, please specify
6.	Where can you get HIV/AIDS information?	[1] HIV/AIDS prevention center [2] Women union/youth union/trade union/peer

		educator/health worker [3] NGOs [4] Health services [5] Hotel, guest house, bar, karaoke [6] Tea stall, beer hall [7] Don't know. [8] Other, please specify:.....
7.	Please, select maximum of 3 most important ways of communication that you think are useful at your work place.	[1] Big event, campaign [2] Direct consultation [3] Direct communication with small group [4] Media communication (TV, radio) [5] Competition on HIV/AIDS activities [6] Handout leaflets of HIV knowledge [7] Magazine, hand book, story, leaflet, poster [8] Other, please specify:.....
B.	Knowledge on HIV/AIDS prevention	
8.	Can the risk of HIV transmission be reduced by having sex with only one faithful, uninfected partner?	[1] Yes [2] No [3] Don't know
9.	Can the risk of HIV transmission be reduced by using condoms whenever you have sex?	[1] Yes [2] No [3] Don't know
10.	Will 100% of children born to HIV infected mother be infected for HIV?	[1] Yes [2] No [3] Don't know
11.	Can a healthy-looking person have HIV?	[1] Yes [2] No [3] Don't know
12.	Can a person get HIV from mosquito or other insect bites?	[1] Yes [2] No [3] Don't know
13.	Can a person get HIV by sharing a meal with someone who is infected?	[1] Yes [2] No [3] Don't know
14.	If you have an STI, will it increase your chance of getting HIV/AIDS?	[1] Yes [2] No [3] Don't know
15.	In your opinion, can enterprises require all of employees to be tested HIV?	1] Yes [2] No [3] Don't know
C.	Attitude with PLHIV	
16.	Would you buy food from a shopkeeper or vendor if you knew that this person infected to HIV?	1] Yes [2] No [3] Don't know
17.	If a member of your family became sick with the virus that causes AIDS, would you be willing to care for her/him in your own household?	1] Yes [2] No [3] Don't know
18.	In your opinion, if a teacher has HIV	1] Yes [2] No [3] Don't know

	but is not sick, should she/he be allowed to continue teaching in the school?	
19.	If your enterprise has employee who are PLHIV would you still work with them?	1] Yes [2] No [3] Don't know
20.	If your enterprise has employee who are former drug user, would you still work with them?	1] Yes [2] No [3] Don't know
D.	Practice on HIV/AIDS Prevention	
21.	In the last 12 months, did you have sex with a sex partner who was not your wife (husband) or lover?	[1] Yes [2] No, <i>(move to question 27)</i>
22.	If yes, did you use a condom in the last sex with him/her?	[1] Yes [2] No
23.	In the last 12 months, did you have sex with SW?	[1] Yes [2] No, <i>(move to question 27)</i>
24.	If yes, did you use a condom in the last sex with her?	[1] Yes [2] No
25.	In the last 12 months, did you have sex with man? <i>(only for man)</i>	[1] Yes [2] No, <i>(move to question 27)</i>
26.	If yes, did you use a condom in the last sex with her?	[1] Yes [2] No
27.	Do you know where can you get condom? <i>(Multi – choice)</i>	1] HIV/AIDS prevention center 2] Women union/youth union/trade union/peer educator/health worker 3] NGOs 4] Pharmacies 5] Health services 6] Hotel, guest house, bar, karaoke 7] Tea stall, beer hall 8] Don't know. 9] Other, please specify:.....
28.	If you must use condom, where would you like to buy condom?	[1] Pharmacies [2] Selling point at enterprise [3] Health services [4] Super market, retail store [9] Other, please specify:.....
29.	Have you ever used drugs (heroin,...)?	[1] Yes [2] No, <i>(move to question 32)</i>
30.	In the last 12 months, did you have injected drug?	1] Yes [2] No, <i>(move to question 32)</i>
31.	If yes, have you ever shared other injecting equipments?	1] Yes [2] No
32.	Do you know where you can get clean	1] HIV/AIDS prevention center

	syringes? (Multi choice)	[2] Women union/youth union/trade union/peer educator/health worker [3] NGOs [4] Pharmacies [5] Health services [6] Hotel, guest house, bar, karaoke [7] Tea stall, beer hall [8] Don't know. [9] Other, please specify:.....
33.	Do you know where to alternative treatment IDUs by Methadone	1] Yes [2] No
34.	Have you ever been alternative treatment by Methadone?	1] Yes [2] No
35.	In the last 12 months, did you drink wine or beer?	1] Yes [2] No, (<i>move to question 38</i>)
36.	If yes, how often do you drink wine or beer?	[1] Everyday [2] At least one a week [3] At least one a month [4] Other, please specify:
37.	What do you usually do after drink wine or beer? (Multi-choice)	[1] Stay at home and go to sleep [2] Go to karaoke [3] Have sex with SW or partner who isn't your wife (husband) or lover [4] Using drugs [5] Other, please specify:.....
38.	Do you know where can pregnant woman get HIV test?	1] Yes [2] No
39.	Do you know any program or support service on HIV prevention for pregnant woman?	1] Yes [2] No
40.	Have you ever been tested for HIV?	1] Yes [2] No
41.	If yes, where were you tested for HIV?	[1] Work place [2] Hospital [3] VCT [4] Other, please specify:.....
42.	If yes, how is your last test for HIV?	[1] Voluntary [2] Mandatory [3] Don't know
43.	Do you know any VCT address?	[1] Yes [2] No
44.	If yes, Who gave you the information? (Multi-choice)	[1] TV, radio, news paper, leaflet [2] Friend, colleague [3] Peer educator, health worker in workplace [4] Other, please specify:
45.	Have you ever experienced with these symptoms: Itch, pain, slippery, ulcer in genital organ? (Multi-choice)	[1] Yes [2] No

46.	What did/will you do when you had these symptoms above?	[1] Went to health service recently [2] Bought medicine to treat yourself [3] Didn't do anything [4] Other, please specify.....
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Thank you very much!

Annex 4. Questions Guide for Peer Educator

This survey to evaluate the quality of training that USAID – HIV in the workplace project conducted for peer educators at enterprises. Your answer's is purely voluntary in this survey. We would like to assure you that the information provided by you would only be used for the purpose of research and your identity will not be revealed to anyone. Through this survey that helps us developing better training curricula and methodology which help to improve peer educator quality at the workplace. Thank you for your participation!

Province/City:.....

Organization:.....

Number of received training:

Please mark (X) for your answer to the column on the right:

No	Content	True	False	Not sure
<i>Basic knowledge on HIV</i>				
1	HIV is a virus that causes the weakening of human immune system.			
2	HIV can be transmitted through daily contact such as hugging, shaking hand or stay on the same bed with PLHIV.			
3	Sexual intercourse without condom can be a risk of HIV infected			
4	Anal sex is the highest risk for HIV transmitted in sexual form.			
5	If only I have sexual intercourse with one person means I could not infected to HIV.			
6	HIV infected person cannot have a child because HIV can be transmitted to the baby.			
7	Both husband and wife are HIV positive so they don't need to use condom for sexual intercourse.			
8	To prevent HIV transmission, only need to use a condom before ejaculation.			
9	We have drugs to kill the HIV virus nowadays			
<i>Knowledge on STIs and Drug use</i>				
10	It cannot be HIV transmitted when you already had STIs			
11	Nam's penis discharged and the doctor diagnose that Nam infected with STI. The doctor propose Nam and his girlfriend to come for scanning and treatment. Nam thought that is unnecessary because he feels his girlfriend at normal.			
12	Hoa sees her sex organ having ulceration. That was hurt a bit at the beginning but gone within a next few days. Hoa decided not to see a doctor as she is busying with her work loads.			
13	Injecting drug user wil be sure get HIV infection.			

<i>Point of view on HIV positive</i>				
14	One colleague of you recently looks tired and skinny. Sometimes he has diarrhea. The other colleague said "He is HIV positive for sure". Is that sentence correct in this situation from your opinion?			
15	There should be a separate department for co-worker that infected with HIV in order to ensure safety for the others.			
16	HIV infected person should not work as he/she is easily to get sick.			
<i>HIV counseling and voluntary testing</i>				
17	To ensure that a person infected with HIV or not, he/she needs to get HIV test after having high risk behavior?.			
18	Lan just got to district health center for HIV test. One hour later, Lan got a result from health care reaffirm that she is HIV positive.			
<i>Understanding HIV/AIDS Law</i>				
19	Enterprises have a right to ask for HIV test from every worker?			
20	Regarding the HIV law, workers are obligated that they need to inform their HIV status for the employers.			
21	HIV prevention is a responsibility of employees and employers are not responsible for HIV prevention.			

Improve quality of communication activity at workplace:

22. What kind of communication method that you usually use at your workplace?

.....

23. You are frequently conduct communication activity by: (Tick 1 option on the checkbox)

Every months Every quarterly Every half of a year Every year

Other (specify):

24. Do employers at your workplace create favorable condition for you to conduct a communication activity?

Yes No

If yes, please specify:
.....

25. What kind of support that you need in order to improve the quality of communication at workplace?

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.....

Thank you very much for your completion of this survey!

Annex 5. Interview Guide for Enterprise Managers

This survey to evaluate the quality of USAID – HIV in the workplace project that your company is implementing. Your answer's is purely voluntary in this survey. Through this survey that helps us developing better supporting, monitoring, consulting and improving the quality of workplace program. We would like to assure you that the information provided by you, will not be revealed to anyone Thank you for your participation!

Province/City:

Company:.....

Respondent's name:.....

Position

Age:..... Gender:

Date of interview:

Interviewer:

SUGGESTED QUESTIONS:

1. What is your comment on current enforced policy on HIV prevention at workplace that your company issued?

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.....

2. What is your comment on the previous support of the USAID-HIV workplace project after a year of implementation?

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3. What is your comment on the previous support of local VCCI or Head of Company or Enterprises Council's support after a year of implementation?

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4. What does enterprise need to support more in order to better implementing HIV prevention at workplace?

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5. In your opinion, what does People Committee can do to advocate and to encourage HIV prevention at workplace?

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6. In your opinion, what does DOLISA can do to advocate and to encourage HIV prevention at workplace?

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7. In your opinion, what does VGCL can do to advocate and to encourage HIV prevention at workplace?

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8. In your opinion, what does local PAC can do to advocate and to encourage HIV prevention at workplace?

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9. In your opinion, what does local VCCI or Head of Company or Enterprises Council can do to advocate and to encourage HIV prevention at workplace?

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10. Do we need a team on monitoring and evaluation, supporting, supervision, commend and reward for good enterprise's implementation of HIV prevention every year in your opinion?

Yes No Why?.....

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11. When the project ended, does your enterprise continue to implement HIV prevention at workplace? Yes No. Why?.....

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12. . In order to calculate the enterprise's expense on HIV prevention program, could you please give the monthly average income of the following position:

Board of manager Labor Union/Youth Union member

Foreman.....Team leader.....

Employee.....Administrative officervnd/month

Thank you very much for your participation.

Annex 6. Interview Guide for Local Authority

(Use for interview with DOLISA, PAC, VCCI representatives)

This survey to evaluate the quality of USAID – HIV in the workplace project that your company is implementing. Your answer's is purely voluntary in this survey. Through this survey that helps us developing better supporting, monitoring, consulting and improving the quality of workplace program. Thank you for your participation!

Province/City:

Company:.....

Respondent's name:.....

Position
.....

Age: Gender:

Date of interview:

Interviewer:

SUGGESTED QUESTIONS

1. What are your comments on current situation of the enterprises' implementation of the Article 14 "Prevention at workplace" of HIV Law in your province?

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2. In order to advocate, encourage and support enterprises implementing HIV prevention at workplace, what are the unions that need to be involved in your province?

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3. What does People Committee can do in order to support, encourage and advocate for HIV prevention at workplace in your province?

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4. In your opinion, what does DOLISA can do to advocate and encourage for HIV prevention activities at workplace in your province?

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5. In your opinion, what does Local Labor Union can do to advocate and encourage for HIV prevention activities at workplace in your province?

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6. In your opinion, what does PAC can do to advocate and encourage for HIV prevention activities at workplace in the province?

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7. In your opinion, what does local VCCI or Business Association can do to advocate and encourage for HIV prevention activities at workplace?

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8. Do we need a team on monitoring and evaluation, supporting, supervision, commend and reward for good enterprise's implementation of HIV prevention every year in your opinion? Yes No Why?

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(If no, please move to 10)

9. In your opinion, who should be involved in a team of M&E, supporting, commend and reward?.....

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Who should be leader of the team?.....

10. Is there anything else you would like to tell me?.....

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Thank you very much for your participation.