



**USAID** | HEALTH POLICY  
FROM THE AMERICAN PEOPLE | INITIATIVE VIETNAM



# IMPLEMENTATION MANUAL FOR 100% CONDOM USE PROGRAM

TO PREVENT HIV AND STIs IN VIETNAM  
*(based on experiences in An Giang province, Vietnam)*

Hanoi, 2012



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# ACRONYMS

<b>AAA</b>	An Giang AIDS Association
<b>Abt</b>	Abt Associates Inc.
<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>BCC</b>	Behavior Change Communication
<b>CUP</b>	Condom Use Program
<b>CDC</b>	Centers for Disease Control and Prevention
<b>DFID</b>	Department for International Development
<b>EE</b>	Entertainment Establishment
<b>FHI360</b>	Family Health International 360
<b>GF</b>	Global Fund
<b>HIV</b>	Human Immunodeficiency Virus
<b>HSS</b>	HIV Sentinel Surveillance
<b>IBBS</b>	Integrated Biological and Behavioral Survey
<b>IDU</b>	Injecting Drug User
<b>LIFE-GAP</b>	Global AIDS Program Leadership and Investment in Fighting an Epidemic
<b>M/DOCST</b>	Ministry/Department of Culture, Sports and Tourism
<b>M/DOH</b>	Ministry/Department of Health
<b>M/DOLISA</b>	Ministry/Department of Labor, Invalids and Social Affairs
<b>M/DOPS</b>	Ministry /Department of Public Security
<b>MSM</b>	Men who have Sex with Men
<b>NGO</b>	Non-Governmental Organization
<b>PATC</b>	Provincial AIDS and Tuberculosis Center
<b>PE</b>	Peer Educator
<b>PEPFAR</b>	President's Emergency Plan for AIDS Relief
<b>PHAD</b>	Institute of Population, Health and Development
<b>PPC</b>	Provincial People's Committee
<b>PSI</b>	Population Services International
<b>STI</b>	Sexually Transmitted Infection
<b>SW/FSW</b>	Sex Worker/Female Sex Worker
<b>SWOT</b>	Strengths, Weaknesses, Opportunities, Threats
<b>USAID</b>	United States Agency for International Development
<b>USAID/HPI</b>	United States Agency for International Development/Health Policy Initiative Vietnam
<b>VAAC</b>	Vietnam Administration for AIDS Control
<b>VCT</b>	Voluntary Counseling and Testing
<b>WB</b>	World Bank
<b>WHO</b>	World Health Organization
<b>WU</b>	Women's Union

# INTRODUCTION

**A**n Giang province in the Mekong Delta region of Vietnam which shares 104 kilometer border with Cambodia, has seen increasing numbers of newly detected HIV cases. These infections are closely related to risky sexual behaviors among Vietnamese female sex workers around the border area.

With assistance from PEPFAR, and through USAID/HPI, FHI360, PSI and other implementing partners, the An Giang Provincial People's Committee (PPC) agreed to implement an adaptation of the 100% condom use program (100% CUP) in An Giang. This is the first time such a project has received support from PPC. In addition to the An Giang PPC, a number of departments also actively participated in the program including the An Giang Department of Health (DOH), Department of Public Security (DOPS), Department of Labor, Invalids and Social Affairs (DOLISA), and the Department of Culture, Sports and Tourism (DOCST), as well as the An Giang AIDS Association (AAA).

A qualitative assessment was conducted two years after the project was implemented and the results and experiences gained from the program were used to develop this manual. It aims to share those experiences with PPCs and HIV/AIDS program managers in other provinces considering a similar 100% CUP initiative.

The qualitative assessment shed light on both the strengths and weaknesses of the 100% CUP project in An Giang. The An Giang PPC and the other participating departments are proud to be part of the first "classic" 100% CUP in Vietnam, and I believe that this initiative will be an important contribution to controlling and preventing HIV and AIDS in Vietnam.

I would like to thank USAID/PEPFAR for supporting the 100% CUP in the province. I would also like to express our appreciation to all the technical staff working for the various implementation partners, as well as the provincial and local government bodies that made this program possible.



Le Minh Tung

*Chairman of An Giang Provincial Union of Science and Technology Associations*

*Former Vice Chairman of the An Giang Provincial People's Committee*

# I. OVERVIEW

The first case of HIV infection in Vietnam was detected in 1990 and has since spread to all 63 provinces in the country. People with HIV tend to be members of high-risk groups, including injecting drug users (IDUs), female sex workers (FSWs) and men who have sex with men (MSM). Results of Integrated Biological and Behavioral Surveillance (IBBS) and HIV Sentinel Surveillance (HSS) surveys revealed that, the prevalence of HIV among IDUs and FSWs in PEPFAR focus provinces in Vietnam is higher than 5 percent, and much higher in some other provinces. HIV infection in Vietnam is primarily limited to high-risk groups so the HIV epidemic in the country is in a “concentrated” stage. For this reason, efforts focus on mobilizing all possible resources for HIV prevention intervention among high-risk groups, mainly FSWs and their clients, IDUs, and MSM.

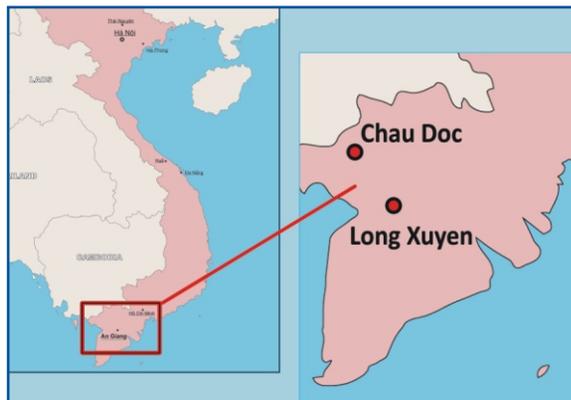
Female sex workers are very vulnerable to HIV infection and can potentially transfer the virus to their clients if they do not practice safe sex. In An Giang, FSWs have received support from programs implemented by organizations like FHI360

and Population Services International (PSI) supported by USAID, CDC/LIFE-GAP, and the World Bank (WB). A number of activities targeting FSWs, aim at reducing the number of new HIV infections among FSWs and their clients.

The 100% condom use program is designed specifically to prevent the spread of STIs

and HIV among FSWs and their clients. STI and HIV infection among FSWs is usually associated with unsafe sexual practices that occur in hotels, guest houses, bars, karaoke halls, massage parlors, restaurants, beauty salons, and other

“entertainment establishments” (EEs). The 100% CUP was first implemented in Thailand in 1989 and became a national program two years later, thanks to the efforts of the Thai Ministry of Health. The success of the 100% CUP in Thailand generated interest among neighboring countries and Cambodia started its 100% CUP in 1998, which has seen considerable success.



**Picture 1:** Project sites in An Giang

The results of the 100% CUP in Thailand show that success depends on leadership and commitment by the Government, active participation of various sectors and social organizations, good site selection, and appropriate intervention models. Key components in Thailand and Cambodia included:

- Support and commitment from local authorities (the police department, health sector, NGOs, and the community);
- Regular health consultations and treatment of STIs for FSWs;
- Availability of diverse brands of partially subsidized (socially marketed) and non-subsidized (for retail sale) condoms;
- Behavior change communication (BCC) through various channels on effective condom use;
- Community-based activities to increase accessibility to HIV/AIDS and STI preventive and treatment services.



**Picture 3:** Experience sharing workshop 100% CUP in An Giang

USAID/Health Policy Initiative Vietnam chose An Giang for piloting a “classic” 100% CUP based on the nature of the epidemic in that province. The transmission of HIV/AIDS in An Giang occurs mainly through unsafe sexual activities among FSWs and their clients. The pilot for the 100% CUP in An Giang province combined some components employed previously in Quang Ninh and Hai Phong with additional components that were missing in previous models. The An Giang program created an enabling environment with strong legal and policy support to ensure the 100% CUP was implemented effectively. Due to limited resources, instead of adopting all the components of the 100% CUP model in Thailand, USAID/HPI and PHAD worked with local partners to determine which of the program's components were most relevant for An Giang, and subsequently identified the responsibilities and roles of all concerned stakeholders.



**Picture 2:** Police joined 100% condom use program in An Giang



# II. HOW TO USE THIS MANUAL

**H**IV/AIDS and STI prevention and intervention for FSWs and their clients can be approached in a number of ways. This manual describes the practical experiences accumulated when USAID/HPI and PHAD in collaboration with local partners, employed the adapted version of the 100% CUP in An Giang province, based on the relevant components of the 100% CUP in Thailand, Cambodia, Quang Ninh, and Hai Phong.

It is our intention that a wide range of people will use this manual from health care staff and social workers focusing on HIV/STI prevention, to policy makers, local authorities at different levels, mass organizations, and staff of social organizations and NGOs.

Before delving into the recommendations in this manual, it is important to note that the 100% CUP must be implemented on a large scale i.e. covering the entire selected town, city or province. If only some of the service

venues in a province implementing the program follow the 100% CUP and others do not, the competition and stigma among business owners could cause the program to fail.

This manual has been developed in a policy environment where there are no national guidelines for implementing the 100% CUP yet and no specific penalties if entertainment establishments violate the provisions of the program. It should be a valuable resource for agencies and individuals who wish to deploy the 100% CUP.



**Picture 4:** 100% CUP launching ceremony in An Giang

# III. STEPS FOR PLANNING AND IMPLEMENTING THE 100% CUP

There are four key steps in designing a 100% CUP: 1) conducting a situation analysis; 2) developing the project plan of action; 3) implementing program activities; and 4) monitoring and evaluation.

## 1. Situation Analysis

To perform a thorough situation analysis, the organization aiming to implement the 100% CUP should form a technical team to conduct a series of activities with the primary goal of gaining an in-depth understanding of the HIV situation, responses and policy environment as well as potential key implementing partners and elements needed for the intervention in the intended intervention sites. The team's key activities may include, but are not limited to:

- Collecting all relevant HIV data (epidemic and behavioral) from research and surveys conducted in the potential project sites, making note of: who conducted the research, how often it was conducted, what were the subjects, and what were the research/survey results.
- Identifying the key players related to the 100% CUP in the potential project sites, particularly who is implementing, or will

be implementing, HIV prevention activities (see annex 1).

- Identifying the different kinds of HIV interventions that have taken place or are ongoing in the project site, especially harm reduction and condom use promotion targeting sex workers and their clients. How large is the scale of the intervention (geographically) and what is its duration?
- Identifying local authorities that could be involved in different parts of the 100% CUP.
- Conducting field visits and interviewing key informants.
- Conducting needs assessment / brainstorming workshops with key stakeholders in the project sites.

### Key experiences in An Giang

- Data collection and research: An Giang is one of the PEPFAR provinces where several donors including the World Bank and other international NGOs are involved. Substantial research has been conducted and some is repeated periodically such as the IBBS by FHI360 and PSI's behavioral survey of sex workers and male clients. For the 100% CUP in An Giang, our technical team decided not to include a pre- and post-survey of sex workers and their clients. Instead, we used the data from the FHI360 and PSI surveys to avoid duplication and save resources.
- Identification of key players in the 100% CUP: The An Giang Provincial AIDS and Tuberculosis Center (PATC) is the key organization that coordinates all HIV prevention activities in the province, including projects funded by the WB, FHI360, PSI, and CDC/Life-GAP. Identifying these key players is important for setting up a coordination mechanism to avoid the duplication of efforts and wastefulness of resources.
- Identify the size and duration of interventions by key players in the project sites: It is necessary to identify the models and level of interventions already being implemented by various organizations to help classify priorities. Identifying organizations with ongoing programs relevant to the 100% CUP will enable the program designers to develop the most practical interventions and help them maximize available resources. If there are abundant resources at the outset, the 100% CUP can be implemented on a larger scale at more sites. If resources are limited, it is necessary to coordinate with other agencies and organizations conducting interventions for similar target groups at similar sites. For example, during our 100% CUP intervention in An Giang, several projects for FSWs had been implemented by organizations also working on PEPFAR projects. Community-based projects were run by FHI360 and the WB; STI consultations and treatment for FSWs were conducted by FHI360 and Life-Gap; communication on HIV prevention for male clients was being done by PSI; free condoms were being distributed by the WB and FHI360; and PSI had undertaken the social marketing of condoms. USAID/HPI, PHAD and the PEPFAR team worked closely with these organizations to avoid duplicating efforts.
- Local authorities: In An Giang, our experience indicated that the participation of the following local authorities was critical: PPC, PATC, DOPS (specifically PC64 - the unit responsible for dealing with issues related to security and social order), DOLISA, and DOCST.

Some challenges the technical team faced during the situation analysis:

- The data from different sources were not consistent; for example, figures on the size of the sex worker population and the prevalence of STIs or HIV among sex workers.
- Not every project included a pre- and post-project survey.
- Research was conducted by different agencies using different formats, designs, sampling strategies and timing.
- Varying perspectives on the 100% CUP from different sectors such as the DOLISA and DOPS, including differing definitions, implementation and methods for monitoring and evaluation.

Our situation analysis helped the program designers understand what was needed for the 100% CUP and the resources available to us. Our research showed that the current interventions were fairly adequate but there was a lack of participation from local agencies and mass organizations, particularly the DOPS. There was also insufficient coordination among the agencies conducting HIV/AIDS-related interventions targeted at FSWs. However, it was possible to supplement the missing HIV/AIDS prevention and control activities for FSWs with a comprehensive 100% CUP.

The situation analysis also revealed there was a lack of legal documents and policies providing guidance and requiring the participation of relevant agencies, particularly the DOPS, DOLISA and DOCST. In this case, USAID/HPI's role was to fill in the gaps, thereby improving the efficiency of the interventions within the limited resources available in An Giang province.

USAID/HPI worked to turn these separate activities into components of a comprehensive and coherent 100% CUP by adding the following missing components:

1. Policy instructions/ guide-lines on implementing the 100% CUP and requesting support from relevant departments in the province issued by the Provincial People's Committee and other provincial departments.
2. Stronger coordination between relevant provincial departments and partners implementing interventions targeting FSWs and their clients.
3. Signed commitments between local authorities, service operators and lodging venue owners guaranteeing their active participation in the 100% CUP.
4. Monitoring the commitments of EE owners participating in the 100% CUP.

**Several questions must be answered during the design team's situation analysis:**

- What is the level of the HIV epidemic in the project site? What is the proportion of HIV infection through sexual transmission?
- What is the intended scale of the 100% CUP (the entire province or only in selected districts/cities/towns?)
- Which prevention interventions targeting FSWs and their clients are being or will be implemented at the potential project sites?
- Which agencies and organizations providing HIV/AIDS-related services are working in the province, and are the implementers able and/or willing to participate in the 100% CUP?
- Which activities related to the 100% CUP are being implemented in the selected areas, and are the implementers able and/or willing to participate in the 100% CUP?

## 2. Developing Projects and Plans of Action.

### Identifying local partners (AAA, PATC, etc)

State administrative agencies in Vietnam play an important role in providing public services, particularly those related to HIV/AIDS prevention and control. Therefore, identifying local partners is crucial when implementing the 100% CUP. Unless the regulations specify that Government agencies cannot be project partners, it is very useful to cooperate directly with Departments of Health; centres for HIV/AIDS Prevention and Control, Dermatology, and Preventive Medicine; Departments of Public Security; and sub-departments for Preventing and Controlling Social Evils. All of these agencies are currently working on HIV/AIDS prevention and control for FSWs.

The PATC in An Giang was considered the most appropriate local agency to implement the 100% CUP in the province. Due to contractual restrictions, USAID/HPI cannot provide funds directly to government institutions. Instead, a local organization, the AAA was selected as the local coordinating agency receiving funding support while PATC and other local authorities worked on a technical advisory board for the AAA.

### Selection of project sites

Identifying and selecting appropriate project sites are essential for the future success of the program. As mentioned earlier, the 100% CUP is usually implemented across an entire district or province. The choice of district (s) or province will be influenced by:

- Where most of the sex workers or sex-work related businesses are concentrated in the province.
- What projects targeting sex workers and



*Picture 5: Meeting with EE owners in Long Xuyên*

their clients are currently being implemented in the province: the number of projects, scale, duration, area of intervention and project activities.

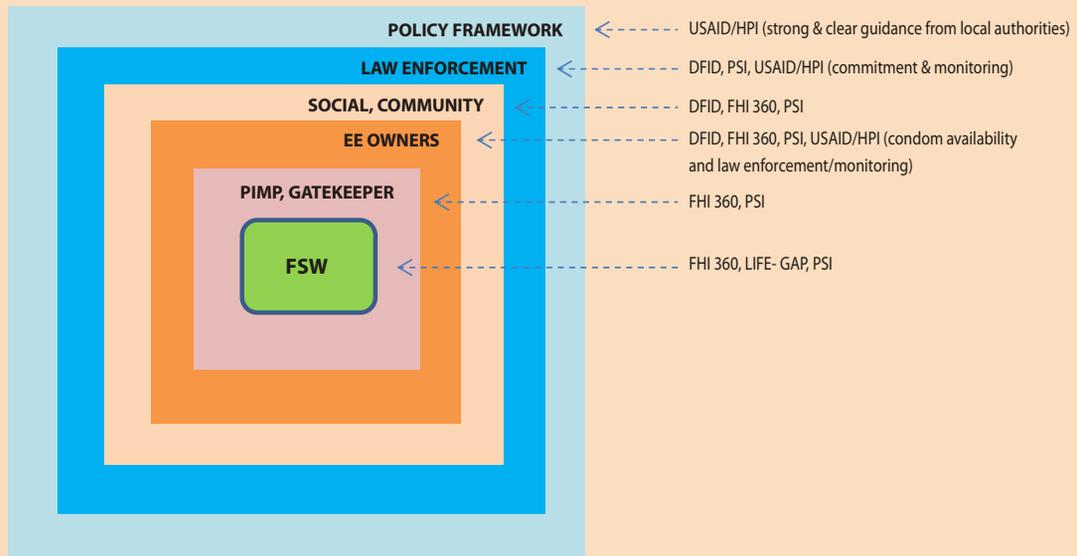
- The province's financial capacity to implement the 100% CUP.

Based on the situational analysis, we selected Long Xuyen City and Chau Doc town as sites for piloting the 100% CUP in An Giang Province.

This manual focuses on steps that should be taken prior to implementing the 100% CUP. Provincial financial resources are generally inadequate for implementing the 100% CUP independently. Therefore, it is necessary to cooperate with other projects to integrate ongoing interventions as components of a 100% CUP.

The following graphic illustrates steps taken by our Design Team to determine partners providing interventions for FSWs in An Giang province.

**Figure 1: Model illustrating partners and area of cooperation**



**Figure 1** shows that at the time of implementing the 100% CUP in An Giang, several organizations were involved in HIV prevention activities for FSWs in the province and each activity fell under the umbrella of the 100% CUP. Results of the analysis showed that ongoing interventions in Long Xuyen and Chau Doc fit well within the scope of the 100% CUP model (see annex 2). Organizations such as CDC/Life-GAP, FHI360 and PSI were conducting several intervention activities in Long Xuyen and Chau Doc including distributing condoms, communicating and disseminating information via peer educators, conducting consultations on and treating STIs, and mobilizing services and business owners for preventing and controlling HIV.

**Identifying responsibilities and tasks of participating partners, donors, and relevant government agencies**

The technical experts responsible for designing the program should organize a workshop with the participation of implementing partners, donors and relevant government agencies to present

ideas about the 100% CUP, collect comments from workshop participants, and recommend cooperation mechanisms among potential partners to avoid overlapping efforts. The program design team should present the program's anticipated activities and a list of tasks and responsibilities of participating agencies and partners, especially the DOPS. Workshop facilitators should also share difficulties experienced by previous implementers of the 100% CUP to prepare participants for some of the issues they may face, and to gather recommendations for how to resolve them prior to the project implementation.

**Developing project documentation including logframe, annual plans for technical support, supervision, monitoring and evaluation**

A logframe should be developed after potential program sites have been identified. Information from the logframe will be used to develop a comprehensive project document, including an operational plan, resources expected to be used during implementation, and the

project's predicted outputs. SWOT<sup>(1)</sup> analysis should be used during the development of the logframe to consider both the opportunities and challenges the project implementers will face. The logframe should also detail regulations, resolutions, directives and decisions made by the Provincial Party Committee and PPC that relate to harm reduction, cooperation, and strengthening the Party and State leadership in HIV/AIDS prevention and control. In that way, the logframe can explicitly indicate the legal foundation needed for implementing the 100% CUP at the provincial and district levels.

The program in An Giang was designed to be implemented for nearly four years, which is long enough to measure its impact on the HIV epidemic among sex workers and their clients in the province.

### 3. Implementing Program Activities

#### Developing a legal framework to support project operations in the province

##### *Request PPC approval to implement the 100% CUP in the province*

As a focal agency for HIV/AIDS prevention and control in the province, Provincial HIV/AIDS center should collaborate and coordinate with DOH, DOPS, and other concerned departments to advocate and request the PPC to issue a decision to allow the 100% CUP to be deployed in the province.

As with other development projects, international donor support for the 100% CUP should be managed according to Government Decree 93/2009/NĐ-CP dated October 22, 2009 and Circular 07/2010/TT-BKH, issued by the Ministry of Planning and Investment on March 30, 2010. Decree 93 provides clear guidelines on how to receive

and manage foreign non-governmental aid.

According to our 100% CUP framework and available legal documents, the PATC was responsible for submitting a comprehensive program to the An Giang PPC for approval. Depending on the province and the scale of the program, it may take a few weeks to a few months for the PPC to grant the approval.

Upon receiving the project's paperwork from the submitting agency, the PPC will seek comments and consultation from various agencies and departments of the provincial government before making its final decision. It is therefore important for project implementers to gain support from agencies that will participate in implementing the program, and make sure they are included in conducting the needs assessment, developing project objectives, and outlining project activities. This initial involvement will enable them to understand the program's goals and objectives, which will help speed up the approval process. The DOH, DOPS, DOLISA, and DOCST play important roles in the success of the 100% CUP, so they should be invited to participate from the very first phase of program design.

After the PPC has granted official approval in writing (see annex 3), the PPC should hold a launching workshop with the participation of various agencies and organizations. The workshop will introduce the 100% CUP objectives, activities, and expected outputs, as well as the organizations that will be participating. To encourage the participation of multiple partners, we suggest that each partner in the 100% CUP introduce their roles and responsibilities during the workshop.

(1) SWOT analysis is a strategic planning method used to evaluate the Strengths, Weaknesses/Limitation, Opportunities, and Threats involved in a project.

### *Instructions from the provincial Department of Public Security to enforce the PPC Decision to implement the 100% CUP*

From the perspective of the police, “harm reduction” and sex work prevention and control may seem to contradict each other. For many years, condoms have been used as evidence of sex work, which remains a criminal offense in Vietnam. After the Law on HIV/AIDS Prevention and Control was enacted by the National Assembly and Decree 108, providing guidance on how to implement some articles of the Law, was promulgated by the Government on 26 June 2007, the concept of harm reduction became widely accepted and promoted by the public health community in Vietnam, but not yet so widely accepted by the police, especially those working at the district and commune levels.

The police play an important role in the legal execution of projects such as the 100% CUP and their functions and responsibilities should be clearly specified. Police departments nationwide have acknowledged the positive impact of harm reduction. However, the head of the provincial police in the project site must write clear directions specifying each policeman's duties regarding sex work prevention and supporting the 100% CUP (see annex 4). In particular, police should be instructed not to use the possession of condoms as evidence of sex work.

### *Instructions to implement the PPC decision to deploy the 100% CUP from leaders of related departments (DOLISA, DOCST)*

Lodging establishments such as hotels and guest houses are under the administration of the DOCST, while workforce at service venues are supervised by the DOLISA. Therefore, directions and guidance from both departments are vital to the success of the 100% CUP. An important factor in the

DOCST supporting the 100% CUP is MOCST's Decision No 2859, dated August 17, 2010, which directs the implementation of condom programs for preventing HIV/STIs at lodging venues from 2010-2015.

Directive documents should be issued by relevant provincial Departments, in coordination with partners participating in the 100% CUP, following the directions of the PPC and the police. It is also important to refer to recommendations made by partners, such as FHI360 and the World Bank, that have implemented interventions on HIV/STIs prevention and control and PSI that has conducted condom social marketing campaigns. These directive documents should be also disseminated to district and commune level authorities, which manage and provide operation license to “non-starred” hotels and boarding-houses.

### **Commitments to the 100% CUP made by venue owners**

#### *Conducting workshops and holding meetings with venue owners and implementing agencies at all levels*

When an appropriate legal framework for implementing the 100% CUP has been developed and agreed by all partners, a workshop should be held for the owners of establishments targeted by the program. The workshop should explain the 100% CUP to the venue owners to reassure them of its legal framework and impress upon them the importance of participating in the program and making condoms available in their establishments. It should be chaired by the local police department, with technical support from the Centre for AIDS Prevention and Control and international partners currently implementing HIV and STI interventions in the project area. Invitations for venue owners to attend the workshop will be issued by the local communal, ward, and town police.

While preparing for the 100% CUP in An Giang, we observed that if the invitations to the workshop were issued by the police, nearly all the invitees (venue owners/ managers) attended the meeting. If the invitation was issued by other agencies, only 30-40 percent of the invitees attended.

The presence of concerned departments, e.g. the DOCST, DOLISA and other partners, particularly the leaders of the police department, will prove to venue owners that the 100% CUP has been approved and authorized by local authorities and state administrative agencies, thereby making them feel more confident about signing commitment forms and implementing the program. They will also feel safer displaying condoms and making them available without concern that they will be used as evidence of promoting sex work.

The workshop should review the PPC's decision to approve the 100% CUP and assign responsibilities to relevant stakeholders, as well as present the legal regulations and policies relevant to harm reduction and the 100% CUP. Other departments, such as the DOH, DOPS, DOLISA and DOCST, should also explain their responsibilities and key activities as part of the program.

Venue owners will have the opportunity to speak directly with provincial leaders and agencies involved in harm reduction. They will also be able to share their expectations and discuss difficulties and challenges they may face while participating in the program. Venue owners will also be given information on available STI consultation and treatment, VCT, and care and treatment services as well as information for condom social marketing programs in the locality. This type of workshop should be repeated every six months to ensure strong coordination among venue owners,

relevant government departments, and project staff.

### *Signing commitment forms between venue owners, ward/commune police, and project implementing agencies*

After the initial workshop, a commitment form for venue owners implementing the 100% CUP should be designed with content relevant to the selected project site(s) (the commitment form used for An Giang is included in Annex 5). Venue owners should agree to:

1. Ensure condoms are available at all times, in the reception area and in all rooms, and assume responsibility for providing a range of partially subsidized and non-subsidized condoms at their venues.
2. Ensure favorable conditions for project staff and collaborators, and co-operate with them in supervising the implementation of the 100% CUP at their venues.
3. Ensure favorable conditions for HIV/AIDS prevention staff, such as peer educators (PEs), as they work with employees at their venues to provide information, training, and counseling on HIV/AIDS prevention.
4. Ensure that staff at their venues are available to take part in 100% CUP activities, including periodic health examinations (particularly for STIs), receiving information about HIV, going to VCT, and training courses on preventing HIV/AIDS.

Project staff will be responsible for developing a commitment form for the 100% CUP, with participation from venue owners, ward or commune police departments, and program implementing agencies. Project staff should make sure to include the participation of the ward or commune police because they will be responsible for supervising the program implementation with the venue owners.

The commitment form for An Giang was designed by a tripartite committee including venue owners, ward/commune police, and the provincial Association for HIV/AIDS prevention and control. Once signed, it was posted at the reception desk in all participating venues.

The commitment form should be made in triplicate, with each party keeping one copy. Based on experience in An Giang, the number of venue owners that sign the commitment form after the first workshop will be small, perhaps only 40 percent of all those present. The reason for this is that many owners do not attend the meeting themselves, but send their staff to attend on their behalf. These employees then have to bring the form back to the venue for the owner to sign. Local police officers and project staff must work hard to remind venue owners to sign and submit the form.

**Activities for local collaborators and police departments to strengthen capacity and increase knowledge of legal frameworks and harm reduction**

*Training and information on legal frameworks*

Conducting training courses, providing information on relevant legal documents, and disseminating knowledge about harm reduction for collaborators and the local police are important for implementing the project. It is essential to introduce the details of currently applicable legal documents related to HIV/AIDS, drugs and sex work, as well as instructional documents issued by the Provincial Party Committee, the Provincial People's Committee, the MOH, VAAC, MOPS/DOPS, MOCST/DOCST, and MOLISA/DOLISA.

For the 100% CUP in An Giang, we proposed that the leaders of the provincial police department issue documents instructing

the police at all levels to take part in the 100% CUP. Although there were instructions from the leaders, not every police officer had a thorough understanding of the links between the legal documents and how to apply them in a real-world context. They also did not always understand the relationship between legal requirements on preventing and controlling sex work, and harm reduction programs to prevent the spread of HIV/AIDS. We invited leaders from Vietnam Administration for AIDS Control (VAAC) and PATC to give presentations on harm reduction as well as representatives from the Health Department of MOPS. Leaders of the provincial police department were also asked to speak at these training courses and highlight the role and responsibility of the police in implementing the 100% CUP at the local level.

It is very important to conduct training on legal documents for the local police, as they are the main law enforcement entity. If they have a solid understanding of the legal framework and current regulations on harm reduction and associated activities, it will make implementing the 100% CUP much easier.

*Introduction to harm reduction interventions implemented by the Ministry of Public Security in Vietnam*

It is very important that project staff include this introduction in the series of training courses for local police and project collaborators. The police often view condoms and syringes/needles as evidence of both drug use and sex work and it is not easy to change their viewpoints and behaviors towards harm reduction activities. Efforts to change their perceptions should take place within the local police department as well as among police leaders at all levels.

Normally, changes in awareness begin at the central level and take some time to trickle down to the grassroots level. The best way to expedite this process is to invite sector representatives to talk about the latest documents, regulations and guidelines related to harm reduction issued at the central level.

For the 100% CUP in An Giang, we invited managers of the Ministry of Public Security's Department of Health to give a presentation on the current legal regulations and harm reduction interventions that were being implemented by the Ministry of Public Security in Vietnam. We found this was essential to our campaign to encourage the police to execute policies and implement the project. When leaders at the Ministerial level took part, the staff, police, and local government leaders followed. Such strong participation would not have happened if the training was organized only by the health sector staff.

### **Supplemental training for entertainment venue owners and staff to enhance knowledge of legal framework and harm reduction behavior**

#### *Training on current regulations and laws relevant to HIV, drugs and sex work prevention and control*

Supplementary training courses should be organized every six months, mainly for venue owners who have not previously participated. These supplementary courses help ensure that all establishment owners are fully equipped with the necessary knowledge and awareness of the 100% CUP, including the laws and decrees related to HIV, sex work and drug control, the PPC's decision to implement the program and the police department's instructions for participation. Leaders from the provincial AIDS Centre or the town/city police department should lead these courses.

#### *Training on harm reduction interventions at project sites and lessons learned from 100% CUP models*

During the implementation of the 100% CUP, project staff should organize

additional training for EE owners and police on lessons learned from the successful implementation of similar projects in Vietnam, as well as in Thailand and Cambodia. This training can be held together with the course on legal documents or separately, depending on the situation at the project site. It should be presented by the leader of the PAC, together with experts on the subject.

The training can be repeated once a year for venue owners and police who were unable to attend previous meetings or those who have just started businesses or joined the relevant police units.

#### *Safe sex training for entertainment establishments' staff*

This activity should follow the previous training courses for venue owners and their staff. For the 100% CUP in An Giang, we held this course during the second year of the project but it could be held earlier, depending on the situation in the specific project site. This training is only for venues that have not participated in any other trainings run by other groups conducting HIV prevention and control activities for FSWs in the locality. In An Giang, FHI360 was implementing HIV/AIDS Prevention and Control activities for FSWs in Long Xuyen and Chau Doc. However, the venues they covered accounted for only 30% of the venues that registered to participate in the 100% CUP. Staff from the other 70% took part in our safe sex training.

This training should not be conducted at the beginning of the project because more staff will attend once a strong relationship between venue owners and project staff has been established. Otherwise, owners will not send "real" staff to participate in the course. We found it is best to conduct this training from the second year onwards.

## Coordinating between donors and local departments and agencies

### *Connecting with local HIV prevention services*

One of the most important features of the 100% CUP is a close relationship between the program's HIV/AIDS prevention and legal support activities and STI examinations and treatment services, VCT services, behavior change communication campaigns, and the social marketing of condoms. Implementers should use a community-based approach to engage in each of these activities. All of these activities, such as trainings about the commitment forms, are organized with the participation of project staff from the organizations conducting interventions in the province.

It is particularly useful for staff conducting the community-based programs for FSWs to attend the events when venue owners sign the commitment forms. This enables staff to meet the venue owners and obtain the list of venues that signed the commitment forms, which will make their follow-up work much easier. Data shows that prior to the commitment form signing and the implementation of the 100% CUP, it is nearly impossible for staff working on

community-based programs to meet employees and staff at the venues. After engaging with the owners at the signing, project staff working on interventions among FSWs received better collaboration from venues' owners.

For staff working on social marketing of condoms, knowing who is on the list of venue owners who have signed commitment forms makes it easier for them to expand their network. All venue owners will receive a list of program staff working on social marketing condoms after they sign the commitment form.

### *Monthly meetings for partners deploying HIV prevention activities for FSWs and their clients in project sites*

Implementers should organize monthly meetings for partners implementing HIV prevention activities, particularly related to FSWs and their clients, to share information with each other and increase the efficiency of the 100% CUP. This monthly meeting is very important because the success of the 100% CUP relies on a close connection between program components to increase its impact and avoid overlapping and wasting resources.

In An Giang, the monthly review meeting helped implementers improve coordination for supplying condoms. The WB project was supplying condoms free of charge, while another project in the province funded by PSI was implementing condom social marketing. As the number of free condoms supplied by the WB increased, the number of condoms sold by PSI decreased. The issue was identified and discussed during a monthly meeting and attendees decided that the WB would provide condoms free of charge only for street sex workers, and PSI would focus on selling its condoms in venues such as hotels, guesthouses, karaoke halls and massage parlors. These adjustments helped ensure the program's efficiency.

In addition, quarterly condom coordination meetings were also conducted within the PSI-supported social marketing project with the participation of PATC together with all partners/projects, including non-PEPFAR projects, to coordinate efforts and facilitate improved targeting of distribution efforts of fully-subsidized condoms. These meetings are important, but experience has also shown they are insufficient in cases where projects continue to distribute large amounts of fully-subsidized condoms to provinces.

Monthly review meetings can also provide 100% CUP partners operating with a community-based approach through peer education with an updated list of committed venues so the PEs will know which venues to visit to ensure the owners are creating favorable conditions for their staff. In An Giang, the difficulties PEs faced working in venues e.g. unclear lists of committed venues, uncooperative owners were brought up during monthly meetings and the program partners drew up a plan to support the community-based PEs in their monthly activities. Staff from the 100% CUP asked venue owners to create conditions to enable the PEs to carry out their tasks. Support from the An Giang 100% CUP team was formalized during the monthly meetings.

#### *Referring FSWs to STI consultation and treatment services*

The scope of 100% CUP activities does not extend to mandatory STI testing and treatment. The 100% CUP only provides the addresses and contact numbers of facilities offering free or low cost STI examinations and treatment, and voluntary HIV/AIDS consulting and testing. These details are provided through referral cards and delivered to all venue owners so they can direct their clients and staff to these services when necessary.

In An Giang, it was decided not to make STI services a key activity in the 100% CUP because requiring STI checkups for every EE staff member would create too many opportunities for coercion and corruption.

#### *Encouraging the participation of local mass organizations in the 100% CUP to normalize condom use*

“Condom” is still a sensitive word in Vietnam and many people think negatively of those

who buy them. The 100% CUP in An Giang initially found that many venues did not place condoms in hotel rooms or mini bars because customers responded negatively. However, we also learned that the participation of mass organizations in the 100% CUP helped open the community's mind toward condoms. By gradually introducing condoms as normal, everyday items, people will begin to feel less embarrassed about buying and using them. The authorities will also begin to view condoms as tools for harm reduction, rather than as evidence or promotion of sex work.

Depending on the actual situation at the project site, staff can invite leaders of mass organizations to take part in supervisory visits along with the local police. The additional support will help the project review process, given the large number of venues to be supervised and the limited human resources. In Chau Doc, more than half the venues were located in Nui Sam ward (142/225), while there were only 30 - 50 venues in each of the other wards. Because of the large number of venues to supervise in Chau Doc, we encouraged staff members from mass organizations such as Women's Union to participate in monitoring along with the assigned police officer.

## **4. Supervising and supporting program implementation and evaluation**

### **Supervising project activities**

#### *Developing simple monthly report forms for local collaborators; conducting training before implementation*

Supervising project deployment helps with evaluating and tabulating project results and promotes support and coordination among program components. This was particularly true in An Giang province, where various components were being implemented by different partners. A standard form (see annex 6) should be developed to ensure effective program monitoring and different forms can be

designed, depending on the specific evaluation criteria. However, certain basic information should always be included such as the type of venue being monitored, whether a commitment form has been signed, the presence of places to display condoms, condom sources, and the availability of phone numbers of condom marketing staff.

The selection of collaborators to monitor EEs is flexible. Staff from any relevant department at the province level like DOLISA, DOCST, DOPS or PATC, may act as local collaborators. In An Giang, the commune police were chosen as local collaborators since they are the law enforcement authority and have networks in every commune. However, some people were concerned that using the police as monitors could encourage coercion and corruption among EE owners and staff.

Usually, each ward will have a separate list of venues that require monthly inspections, depending on how many are taking part in the 100% CUP. Some wards randomly supervise only a few venues, while others might supervise all participating venues at project sites.

*Monthly supportive supervision of venues conducted by project staff and local collaborators, including an inspection of the venue owner's commitment and condom availability*

Before conducting supportive supervisions and providing any required technical support, a training course should be held by the town or city police department to educate police on which forms to use for the monitoring, how to fill them out, and how to evaluate the reliability of the collected information. This training should be conducted for all police at the ward and district levels to ensure they fully understand how to fill out the forms.

After being trained on filling out the forms, local police and collaborators from mass organizations should conduct supervision trips to venues that have signed commitment forms. Data should be collected using the forms and the forms should be submitted to the city or town police department, as well as the project office. Project office staff should then enter the data from each ward using statistical software. Teams can develop supervision indicators based on the supplied data.

### **Multi-sector supportive supervision (police; Labor, Invalids and Social affairs; Culture, Sport and Tourism; the health sector and project office)**

Multi-sector monitoring should be organized quarterly and combined with the local collaborators' monthly monitoring to avoid overlap.

It is very common for each sector and organization, including the police department, the DOCST, and the sub-department of Social Evils Prevention and Control, to conduct regular and ad hoc inspections at venues under their management. To avoid too many inspections occurring at the same time, our project staff invited the above organizations to co-ordinate with the project team. The multi-sector inspection was conducted every three months, in conjunction with the 100% CUP monthly supervision.

This coordination is important because venues are more willing to commit to deploying 100% CUP activities when they see that state agencies and organizations are cooperating in managing them.

## Project monitoring and evaluation

### Using data obtained through routine monitoring

**Table 1.** Data need to be obtained through routine monitoring.

Indicators	Source	Using monitoring data
■ Percentage of venues signing 100% CUP commitment forms	Monthly monitoring statistics	If there is no commitment form, or it has been lost, a new form will be provided
■ Percentage of venues with condoms available	Monthly monitoring statistics	If there are no condoms, the name card of the PSI condom sales manager will be given to staff in charge of condoms at the venue
■ Percentage of venues sending female hostesses for STI consultations and treatment	Monthly monitoring statistics	If venue owners do not know about existing HIV prevention and treatment services, an explanatory leaflet will be delivered to the venue managers
■ Percentage of venues allowing project staff to conduct communication activities with female staff	Monthly monitoring statistics	Explain HIV prevention activities for FSWs

### Evaluation of the intervention

If there are enough resources and the project duration is long enough (three years or longer), there are two models we recommend for conducting an outcome evaluation of the community based intervention:

#### Model 1 (ideal)

O1---X---O2---O3---O4

O1---C---O2---O3---O4

#### Model 2:

O1---X---O2

O1---C---O2

**O1:** Baseline survey

**O2, O3, and O4:** Annual follow-up survey

**X:** Intervention group

**C:** Control group.

If the budget is sufficient, Model 1 is highly recommended. If the budget is not sufficient, Model 2 can be used. The surveyed populations include FSWs and their male clients in both intervention and non-intervention areas.

The selection of the control group is somewhat complicated because it must allow for comparing the intervention group with control group before and after the intervention. We recommend that the program designers consult with epidemiologists and statistical experts to ensure the evaluation design is appropriate. Social and economic characteristics of the two areas where the two groups are recruited should be compared to ensure they are similar. The types and coverage of interventions other than the 100% CUP in each area should be identical.

**Table 2.** Data need to be collected for the program evaluation.

Indicators	Sources of information
<b>Female sex workers (FSWs)</b>	
■ Rate of new HIV infections (incidence rate) in FSWs before and after the intervention <sup>(2)</sup>	IBBS
■ Percentage of FSWs consistently using condoms with clients over the last six months	IBBS
■ Percentage of FSWs using condoms with their most recent clients	IBBS
■ Percentage of FSWs refusing to have sex with clients that do not want to use condoms	IBBS
■ STI prevalence rate	IBBS
<b>Male clients</b>	
■ Current HIV prevalence rate and incidence rate among male clients of FSWs <sup>(3)</sup>	PSI surveys and studies on the behaviour of male clients
■ Percentage of male clients who have consistently used condoms with female sex workers over the last six months	PSI surveys of male clients of FSWs
■ Percentage of male clients who used condoms with FSWs during their most recent sexual intercourse	PSI surveys of male clients of FSWs
■ Reported prevalence of STI symptoms and infections among male clients in the last six months	PSI surveys of male clients of FSWs

(2) It is logistically difficult, as well as expensive, to estimate the HIV/AIDS incidence rate among FSWs. To date, there has been no research on the incidence of HIV in sex workers in Vietnam.

(3) It is difficult to measure the current HIV prevalence rate and incidence rate among male clients.

One of the difficulties facing design teams and project staff in evaluating the impact of the project is recording the above-mentioned indicators. Project staff generally do not have the necessary financial resources to collect information on the indicators, which makes it difficult to compare measurements gathered before and after the intervention. The 100% CUP in An Giang used an alternative approach of utilizing the results of surveys and studies already conducted for other programs and projects being implemented by other organizations in the province (e.g. FHI360, PSI, WB, and CDC/Life GAP) as evidence of the project's effectiveness. However, although this method was more economical, there were some limitations such as:

- Insufficient data collected by the other organizations.
- The timeline used in the surveys often did not match up with the baseline (when the project started) and follow up (when the project evaluations took place).
- Some of the surveys were conducted in areas outside the project sites.
- Some of the target groups were different. For example, an IBBS is usually conducted once every 2 or 3 years, so between 2005 and 2010, only two rounds of the study took place and clients of FSWs were not included in those surveys. PSI conducted one survey of FSW clients, but the data was only collected in a few PEPFAR provinces, and biological indicator tests (such as those in IBBS studies) were not included.

## 5. Difficulties encountered during implementation and suggested solutions

The 100% CUP encountered some difficulties during its implementation in An Giang. This section describes those difficulties and recommends solutions based on practical experience gained in the province. However, given the different social, economic, political, and other conditions across provinces and locations, there may be other problems that we did not encounter. Additionally, some of the barriers to implementing the project in An Giang may not be problems for future projects elsewhere. Some of our recommended solutions may only be applicable to An Giang province, and they are also not the only viable solutions to address the difficulties we faced. Project staff in each province should analyze their particular situations to determine feasible and appropriate solutions. Problems can be solved through a myriad of different approaches, and our solutions are meant to be only one reference. There is always room for creative new approaches.

### Low percentage of venue owners signing commitment forms

More than 100 venues were represented at the first workshop to launch the 100% CUP in An Giang province, however, less than half of them signed commitment forms at the end of the meeting. This was because few attendees were the actual venue

owners. The majority of workshop participants were staff attending on the owners' behalf because the owners did not understand the workshop's purpose and content, and the staff that attended the workshop were not authorized to sign the commitment forms. Program staff accompanied the police on visits to the venues that did not sign the commitment form to explain why they should sign the form and encourage the venue's owner to commit to participating in the 100% CUP. This took a long time.

We suggest that for future projects, the invitations from the police department to attend the opening workshop should specify that the actual venue owners attend the workshop, which should produce a higher number of signed commitments at the end of the meeting.



**Picture 6:** Training for collaborators and polices on HIV/AIDS harm reduction and 100% condom use program

Another reason given by EE owners for not signing the commitment form is that for years, condoms were considered evidence of sex work and they did not want to make condoms openly available at their venues because they said there were no sex workers in their establishments. After attending project trainings and receiving support from the police, these owners eventually agreed to sign the forms. The importance of the local police department's role is very clear. If the local police is not directly involved, it will be very difficult to convince venue owners to sign the project commitment forms.

**Local police officers were initially hesitant to participate in the 100% CUP because they did not understand it**

One of the difficulties project staff faced in the first few months was hesitation from the local police to participate in the 100% CUP. This was because the police at the district and ward levels had never taken part in any training on harm reduction, legal documents, or government guidelines and for many years they regarded the possession of condoms as evidence of commercial sex work. Therefore, we had to provide additional training for the police at ward and district levels. The lecturers for such training should be provincial police leaders or, better yet, officials from the Ministry of Public Security.

**Local police in some areas occasionally felt overloaded and did not want to conduct monthly inspections because of the large number of venues requiring supervision**

In An Giang, the 100% CUP was implemented in Long Xuyen city and Chau Doc town. Chau Doc has more venues than Long Xuyen. On average, there are about 12 venues per ward in Long Xuyen, and between 30 and 50 venues per ward in Chau Doc. The high density of venues to be



*Picture 7: Meeting with EE owners on HIV/AIDS harm reduction and 100% condom use program*

supervised in an area like Chau Doc, might overload local police, making them reluctant to conduct the monthly inspections because of time constraints and other prioritized tasks.

The 100% CUP staff in An Giang visited sites and asked the ward police if they would assign this duty to other collaborators who would take over the responsibilities of checking venues and recording violations. The police force in Chau Doc chose staff from local mass organizations such as the Women's Union to support them in conducting the inspections. Generally speaking, staff members from such organizations have more time to conduct the monthly inspections properly and can lend support and report directly to the police, which means the local police only have to intervene when necessary.

This problem was resolved, but the additional collaborators had to be trained as soon as they were hired on the information to collect during the trips and the methods for completing the necessary forms.

**Lost or damaged commitment forms**

In the implementation of the 100% CUP in An Giang, venue owners initially had difficulty remembering where they had put

their commitment forms and, if they were able to find the form, it was in poor condition. PHAD redesigned the form so the three essential parties could sign it and local collaborators were responsible for covering the commitment forms with plastic and posting them in reception areas.

**Lack of administrative sanctions for venues that do not strictly adhere to the commitment or do not participate in the program**

A principal limitation of the signed commitment is the absence of administrative sanctions for venues that do not strictly follow its requirements. During the initial stage of the 100% CUP in An Giang, some venue owners disregarded the requirements of the program but, thanks to regular inspections and information campaigns by the local police, as well as

USAID/HPI is working with the MOCST, MOPS, MOH and MOLISA to develop an inter-ministerial circular on condom use programs.

regular supervision from coordinating government agencies and program staff, venue owners began to adopt a more positive attitude towards condoms and were more willing to comply with the commitments they made to the 100% CUP.



**Picture 8:** *Polices in collaboration with program officers of 100% CUP to monitor involvement in 100% CUP at the EEs*



**Picture 9:** *Ward collaborators and program officers monitor regularly EEs*

**Confusion at project sites between distributing free condoms through the 100% CUP and providing partially subsidized condoms through social marketing programs**

During the implementation of the 100% CUP in An Giang, many organizations such as the WB, CDC/Life Gap, FHI360, and PSI were either distributing or selling condoms to different target groups at the project sites. Supplying condoms free of charge caused venue owners to stop procuring condoms for their clients. Instead, they tended to wait for free condom supply. Social marketing programs at project sites that sold condoms for a low price which are considered by many community stakeholders to be sustainable initiatives also suffered from the 100% CUP's free condom distribution. Project staff, donors, and local and State administrative agencies can avoid these problems by controlling the way they distribute and sell condoms. In the beginning, rather than providing free condoms to venue owners, free condoms should only be given to high risk groups such as street sex workers, people who are HIV-positive, and spouses and partners of IDUs. The An Giang Center for AIDS and TB Prevention and Control supervised this new strategy for condom distribution in project sites and it was very successful.

# IV. CONCLUSIONS

1. The WHO recommended 100% Condom Use Program should work in Vietnam with some modifications:

- Required STI checkups for EE staff should be removed as they may be abused and create an opportunity for coercion by EE owners and police.
- STIs should not be used as a monitoring indicator because the STI tracking system in Vietnam is weak. Most doctors use a syndromic management approach for STI diagnosis and treatment.

2. A strong enabling legal and policy environment and coordination between local authorities with the active participation of police are keys to the success of the 100% CUP.

3. Free condom distribution may be harmful to the sustainability of the 100% CUP. There should be strong coordination among provincial authorities to ensure that free condoms are only used for training or distributed only to most at risk populations (IDUs, sexual partners of HIV positive or street sex workers). No free condoms should be distributed in the EEs. These venues should offer partially subsidized (socially marketed) or non-subsidized (retail) condom brands.

4. More monitoring and a longer observation period will permit a clearer understanding of the outcomes and full

effects of the 100% CUP.

5. Depending on the provincial context, DOLISA and DOCST staff, or staff from other agencies or mass organizations, could substitute for the police in monitoring EE compliance with the 100% CUP. However, police participation in the early stages of the intervention and their continued support throughout the project implementation are critical.

6. The VAAC 100% CUP logo should be used and displayed at all 100% CUP training sessions and on BCC materials for sex workers and clients to unify the HIV prevention and condom promotion messages across projects and provinces and ensure the sustainability of programs.



**Picture 10:** VAAC's logo for 100% CUP

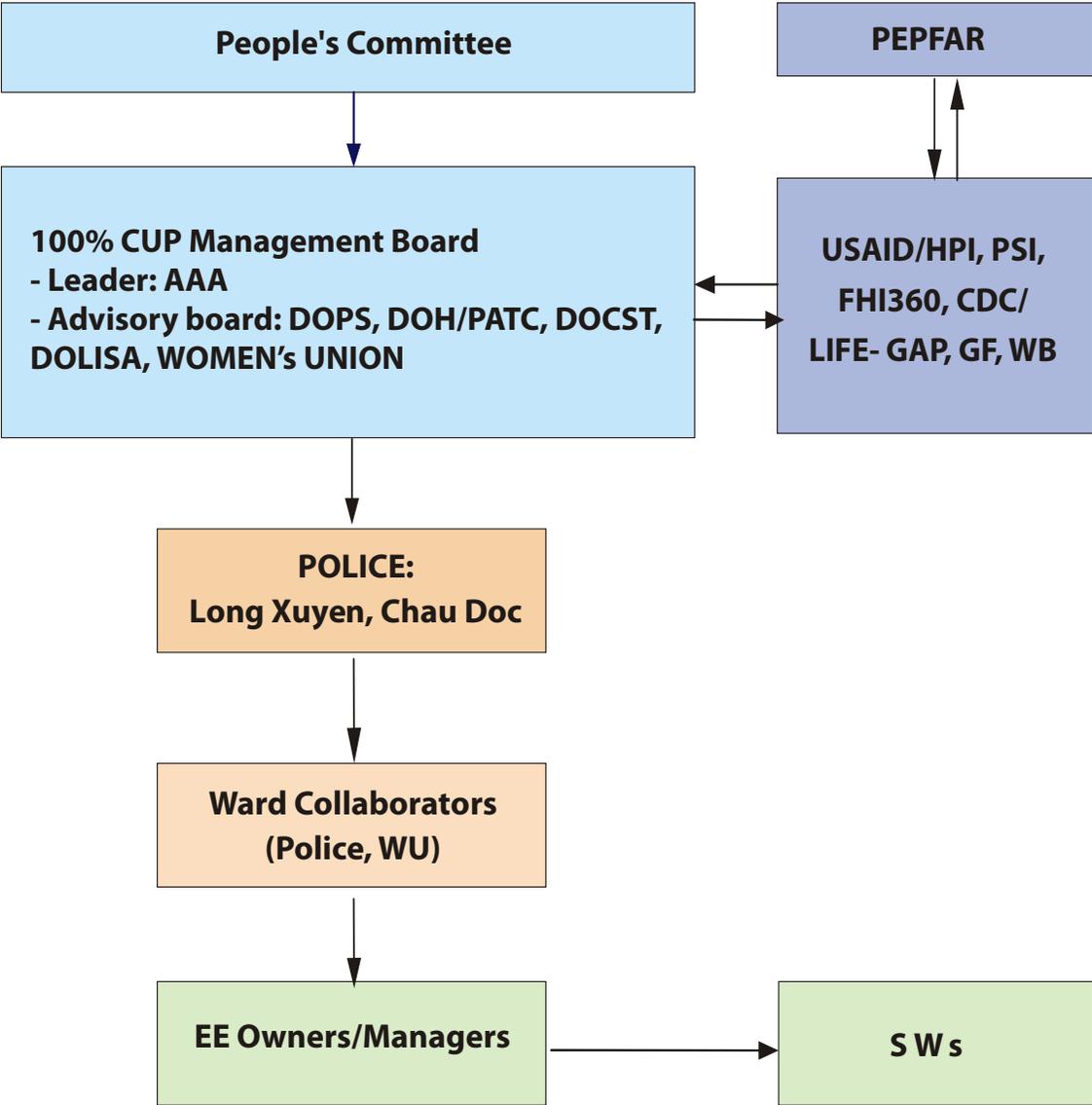
# V. ANNEXES,

## TOOLS AND REFERENCES

### Annex 1: Analysis of partners and selected sites in An Giang

Organization	Key activities	Selected sites
CDC/LIFE-GAP	<ul style="list-style-type: none"> <li>- VCT</li> <li>- Peer education</li> </ul>	Long Xuyen
Global Fund	<ul style="list-style-type: none"> <li>- Care and treatment for people living with HIV/AIDS</li> <li>- VCT</li> </ul>	Long Xuyen, Chau Thanh, Tan Chau, Chau Phu, Phu Tan
Pathfinder	<ul style="list-style-type: none"> <li>- Training for health staff on testing and treatment for STIs</li> <li>- Communication to reduce stigma and discrimination against people living with HIV/AIDS</li> </ul>	Long Xuyen, Cho Moi, Phu Tan, Tan Phu, Chau Phu
FHI360	<ul style="list-style-type: none"> <li>- Harm reduction; services for drug users and sex workers (community-based peer education and education at detention centers)</li> <li>- Care and treatment for people living with HIV/AIDS</li> <li>- VCT</li> <li>- STI testing and treatment</li> </ul>	Long Xuyen, Chau Doc, Tan Chau, Tinh Bien, Cho Moi
WB/DFID	<ul style="list-style-type: none"> <li>- Condom supply</li> <li>- Harm reduction</li> <li>- STI management</li> <li>- Monitoring and evaluation</li> </ul>	Tan Chau, Chau Phu, Phu Tan, An Phu, Tri Ton, Tinh Bien
PSI	<ul style="list-style-type: none"> <li>- Social marketing of condoms</li> <li>- Outreach to clients in EEs</li> <li>- Capacity strengthening for PATC and peer education</li> <li>- Mobilizing venue owners and local authorities to distribute free condoms via PEPFAR partners.</li> <li>- Mapping EEs</li> <li>- Developing VCT centers</li> </ul>	Long Xuyen (priority) Chau Doc (planned) and all other districts

**Annex 2: Organizational Structure of the 100% CUP in An Giang**



## Annex 3: An Giang Provincial People's Committee Decision to Approve the 100% CUP

An Giang People's Committee

No: 1156/QD-UBND

**SOCIALIST REPUBLIC OF VIETNAM**

Independence – Freedom – Happiness

Long Xuyen, 02 June 2009

### **DECISION**

Re: approval of the 100% CUP work plan in Long Xuyen and Chau Doc, An Giang province

#### AN GIANG PEOPLE'S COMMITTEE

- Based on the law of People's Council and People's Committee, dated 26 November 2003.
- Based on the HIV/AIDS prevention law, dated 29 June 2006.
- Based on the Government Decree 108/2007/ND-CP, dated 26 June 2007, on implementing the HIV law.
- Based on the Prime Minister's Decision 36/2004/QD-TTg, dated 17/3/2004, to approve the National HIV/AIDS Prevention strategy until 2010, with a vision to 2020.
- Based on the Minister of Health's Decision 07/2007/QD-BYT, dated 19/01/2007, to approve the national program on assistance and treatment for people living with HIV/AIDS until 2010.
- Based on the request by the President of the An Giang AIDS Association in the letter 08/CV-DA, dated 28/5/2008.

### **DECISION**

Article 1: Approved the implementation of the 100% CUP work plan in Long Xuyen city and Chau Doc town, An Giang province (work plan attached).

Article 2: Assigned the An Giang AIDS Association to coordinate and collaborate with related departments and People's Committees of Long Xuyen and Chau Doc to implement and report to the Provincial People's Committee regularly on the deployment of this work plan.

Article 3: This Decision will take effect from the date signed.

The director of the People's Committee administrative department, the An Giang AIDS Association, the Center for AIDS and TB prevention, the directors of Public Security (police) and related departments, and the Chairmen of Long Xuyen and Chau Doc are responsible for implementing this decision.

On behalf of the Chairman  
Vice Chairman  
(signed)

Le Minh Tung

#### Annex 4: Decision Issued by the An Giang Police Department Regarding the Implementation of the 100% CUP

Ministry of Public Security  
Provincial Public Security  
No: 828/CV-CAT(PC13)

*Re: improving participation in  
implementing 100% CUP work plan in  
EEs and residential services*

Socialist Republic of Vietnam  
Independence – Freedom – Happiness  
Long Xuyen, 8 December 2009

To: Directors of PC13 and PC14  
Directors of Long Xuyen and Chau Doc police departments

To implement the An Giang People's Committee Decision 1156/QD-UBND, dated 02/06/2009, approving the work plan of the 100% CUP in Long Xuyen city and Chau Doc town.

Over the last few months, local police from different departments have actively assisted the AIDS Association in strengthening education, listing relevant establishments and monitoring them with initial positive results. However, based on field visits and reporting data, it has been revealed that some sites are not fully implementing the PPC Chairman's Decision 1156/QD-UBND.

In order to promote the role of the police as described in the inter-departmental collaboration for the HIV/AIDS prevention program issued by the PPC in Decision 3312/QD-UBND, dated 14/12/2007, and the An Giang People's Committee Decision 1156/QD-UBND, dated 02/06/2009, the provincial police department requests that all directors of related police departments, including the directors of the Long Xuyen and Chau Doc police departments, particularly ward police, strengthen the following activities:

- Considering the 100% CUP a contribution to preventing sexually transmitted infections, including HIV. This is one of the duties of all departments in the province including the police. The An Giang AIDS Association was asked by the An Giang People's Committee to implement this project with the police department as one of the collaborators.
- Collaborating with responsible staff from An Giang AIDS Association and the Center for AIDS and TB prevention to continue implementing the 100% CUP in hotels, guest houses by assisting in education, communication and encouraging the voluntary participation of EE owners in the program. Also participating in listing EEs, if requested and agreed between the AIDS Association and the police department.
- Participating in and assisting other HIV/AIDS intervention projects and outreach activities being implemented in the area.
- Participating in all meetings, training and coordination sessions related to 100% CUP and HIV/AIDS prevention, if requested
- All officers should clearly understand that the 100% CUP is supporting the prevention of transmission of STIs and HIV. It is not promoting commercial sex. Therefore, directors of police department should clearly explain this to their officers. All police officers should continue to strengthen the investigation, supervision and elimination of any commercial sex work according to the current laws.

I request all directors of related departments, and Long Xuyen and Chau Doc police departments to implement the instructions in this letter successfully.

On behalf of the Director of the Provincial Department of Public Security  
Deputy Director  
(signed)

Senior Colonel Le Van Tien

## Annex 5: Commitment Form

An Giang People's Committee

Socialist Republic of Vietnam  
Independence – Freedom – Happiness

An Giang ...../...../.....

### COMMITMENT TO PARTICIPATE IN THE 100% CUP

- According to An Giang People's Committee Decision number ..../.... Signed .../.../.... to accept the implementation of 100% CUP in An Giang;
- Based on the decision of An Giang PPC to establish the project management board; and
- Based on the project requirements,
- Today ...../...../.....
- 

#### AN GIANG AIDS ASSOCIATION – 100% CUP PROJECT

- Mrs. Nguyen Thi Linh Phuong
- Position: President, AIDS Association
- Address
- Tel .....Fax: .....

Makes this agreement with

- EE name: .....
- Represented by: .....
- Address: .....
- Tel: ..... Fax: .....

To participate in the 100% CUP in An Giang province, including:

- Ensuring condoms are available in at least one area of the EE (private rooms, reception, WC)
- Ensuring EE staff receive and participate in IEC/BCC sessions conducted by health staff or peer educators.

Certified by local police

EE Representative (Owner)

An Giang AIDS Association

**Annex 6: Forms for Monthly Monitoring and Supervision**

<p><b>AN GIANG AIDS ASSOCIATION</b></p>	<p><b>THE SOCIAL REPUBLIC OF VIETNAM</b> Independent- Freedom- Happiness</p>	<p><b>THE MONTHLY REPORT OF COLLABORATORS</b></p>	
<p><u>REPORTER:</u> .....</p>	<p>date...../month...../year.....</p>	<p><u>Commune:</u> .....</p>	<p><u>CITY/TOWNSHIP:</u> .....</p>
<p><b>NAME OF EEs</b></p>	<p><b>Address</b></p>	<p><b>EEs have signed the commitment (already: 1, not yet: 0)</b></p>	<p><b>Condom placed in</b></p>
<p>No</p>	<p>1</p>	<p>2</p>	<p>3</p>
<p>1</p>	<p>2</p>	<p>3</p>	<p>4</p>
<p>2</p>	<p>3</p>	<p>4</p>	<p>Total</p>
<p>3</p>	<p>4</p>	<p>5</p>	<p>6</p>
<p>4</p>	<p>5</p>	<p>6</p>	<p>7</p>
<p>5</p>	<p>6</p>	<p>7</p>	<p>8</p>
<p>6</p>	<p>7</p>	<p>8</p>	<p>9</p>
<p>7</p>	<p>8</p>	<p>9</p>	<p>10</p>
<p>8</p>	<p>9</p>	<p>10</p>	<p>11</p>
<p>9</p>	<p>10</p>	<p>11</p>	<p>12</p>
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<p>12</p>	<p>13</p>	<p>14</p>	<p>15</p>
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