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EVALUATION OF THE 100% CONDOM USE PROGRAM IN AN GIANG

Results and Lessons Learned for Sustainability and Scale-up



Long Xuyen

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EVALUATION OF THE 100% CONDOM USE PROGRAM IN AN GIANG

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ACRONYMS

100% CUP	100% Condom Use Program
AAA	An Giang AIDS Association
AIDS	Acquired Immunodeficiency Syndrome
CDC	Centers for Disease Control and Prevention
DFID	Department for International Development
EE	Entertainment Establishment
FGD	Focus Group Discussion
FHI360	Family Health International
FSW	Female Sex Worker
HIV	Human Immunodeficiency Virus
IBBS	Integrated Biological and Behavioral Surveillance Survey
IDI	In-depth Interview
IDU	Injecting Drug User
LG	CDC-Life GAP
M&E	Monitoring and Evaluation
MOLISA	Vietnamese Ministry of Labor, Invalids and Social Affairs
PAC	Provincial AIDS Center
PATC	Provincial HIV/AIDS and Tuberculosis Prevention and Control Centre
PE	Peer Educator
PHAD	Institute of Population, Health and Development
PPC	Provincial People's Committee
PSI	Population Services International
STI	Sexually Transmitted Infection
USAID	United States Agency for International Development
USAID/HPI	Health Policy Initiative
WB	World Bank

EVALUATION OF THE 100% CONDOM USE PROGRAM

Results and Lessons Learned for Sustainability and Scale-up

The USAID-funded Health Policy Initiative (USAID/HPI) 100% CUP (100% Condom Use Program) is an important harm reduction strategy being applied in An Giang province to reduce the transmission of HIV associated with commercial sex at entertainment establishments (EEs), including hotels, guest houses, karaokebars, and massage parlors. The program, which began in August 2009 in partnership with the An Giang AIDS Association (AAA), uses a classic 100% CUP design informed by best practices from similar programs implemented in Cambodia and Thailand to encourage and facilitate a more supportive legal environment for harm reduction interventions at the local level. It is a collaborative program between local authorities (health, police and other provincial government agencies), EE owners/managers and sex workers, as well as organizations delivering outreach and condom provision programs (FHI360, PSI, the World Bank (WB), and CDC-LifeGAP) that promote the use of condoms for 100% of commercial sexual acts in 100% of the EEs in the intervention sites.



*Picture 1: Experience sharing workshop 100% CUP in An Giang.
Photo: Dang Ha Son*

Over the years, EE-based harm reduction interventions for female sex workers (FSWs) have received the attention and support of numerous programs and projects. These intervention programs were previously considered to be in conflict with the Ordinance on Prostitution Prevention and Control, which States that the possession of condoms is evidence of involvement in illegal commercial sex activities. Since the enactment of the HIV/AIDS Law in 2006 and the promulgation of Decree 108 in 2007 guiding the implementation of this HIV/ADS law, the legal environment for conducting harm reduction activities has become much more supportive. However, local level acceptance and implementation of these national policies has been a slower process. In An Giang, positive participation by the local authorities and all other stakeholders has facilitated an environment conducive for the 100% CUP.

PROGRAM BACKGROUND

The 100% CUP in An Giang province is being implemented at two sites: Long Xuyen city and Chau Doc district. Selection of the intervention sites was based on provincial HIV/AIDS prevention priorities as both districts have many EEs, a relatively high rate of HIV and Sexually Transmitted Infections (STIs), and various existing peer outreach condom promotion programs.

The program was designed to promote solid cooperation and coordination between the An Giang Provincial HIV/ AIDS and Tuberculosis Prevention and Control Centre (PATC), the police, and the AAA, with an explicit link to various implementing partners and a technical advisory board for program implementation. Members of the advisory board included experts from the provincial departments of Health, Public Security, Labor, Invalids and Social Affairs, and Culture, Sports and Tourism.

Within the framework of the project, capacity building is used to improve the awareness, knowledge and skills of the program participants, and includes relevant agencies such as the police and owners/managers of EEs.



Figure 1: Evaluation sites

After two years of implementation at pilot locations, the program aimed specifically to have:

- ◆ More than 90% of EE owners agreeing in writing to join the 100% CUP and actively participating in the program;
- ◆ More than 90% of FSWs reporting consistent condom use during all sexual acts with clients;
- ◆ More than 90% of male clients reporting that they could not obtain sex from an FSW without a condom; and
- ◆ Improved capacity of local partners to manage the intervention.

EVALUATION METHODOLOGY

The objective of the 100% CUP evaluation was to measure the program's achievements against its objectives, extract lessons learned to improve the model, and provide recommendations for other provinces to implement the 100% CUP. More specifically, the evaluation aimed to answer the following study questions:

- i) How was the program implemented to achieve the established objectives in An Giang? and;
- ii) How could An Giang's 100% CUP be sustained, adapted, and scaled up in Vietnam?

The program evaluation is being conducted in two stages. The first stage (the subject of this summary report) uses qualitative and quantitative analyses to evaluate the implementation process and non-quantitative program objectives. Qualitative information was derived from in-depth interviews (IDIs) and focus group discussions (FGDs) with all stakeholders involved in the program including: FSWs, EE owners, police officers (collaborators), project officers, staff of implementing partners, and the Provincial People's Committee (PPC). Quantitative information was derived from program monitoring reports.

The second stage will assess behavioral outcomes from surveys to be conducted in 2012, including the Family Health International (FHI360) Integrated Biological and Behavioral Surveillance Survey (IBBS) and Population Services International (PSI) surveys of FSWs and male clients. Table 1 provides a summary of the number and type of respondents involved in the qualitative data collection.

Table 1: Number and Type of Participants Targeted for In-depth Interviews and Focus Group Discussions

No	Subjects	Long Xuyen city	Chau Doc district	Total
1	Participating EE owners	6	7	13
2	Non-participating EE owners	1		1
3	FSW clients	2	2	4
4	Restaurant-based FSWs	4	5	9
5	Police officers	4	3	7
6	Provincial authorities	2		2
7	AIDS Association staff	2		2
8	PATC staff	2		2
9	Net staff (WB, LG, FHI360, PSI)	4		4
10	Peer educators (LG, FHI360)	3		3
	Total	30	17	47

Limitations of this evaluation methodology include:

- ◆ Difficulties in ascertaining the project's contribution to outcomes due to other HIV interventions operating in the same area;
- ◆ Lack of a baseline assessment to provide comparison data;
- ◆ Dissimilar quantitative data collection methods used by different partners (FHI360, PSI) which limits data analysis; and
- ◆ Possible inaccuracies in information provided during in-depth interviews and focus group discussions due to the sensitivity of the issues being discussed.

EVALUATION RESULTS

Implementation Highlights and Challenges

Overall, the evaluation found the following results for the 100% CUP in An Giang:

Program approach and operational organization:

- ♦ The program has succeeded in establishing and maintaining links among various participating partners. The program worked with all partners to develop and regularly update a map and list of targeted EEs in the sites, including hotels, guest houses, karaoke bars and massage parlors.
- ♦ The 100% CUP has consolidated cooperation between local sectors and mass organizations, as well as technical support from the PATC, especially EE owners' involvement and commitment to have condoms available at their establishments.
- ♦ The 100% CUP was acknowledged for its important role in linking harm reduction interventions in An Giang such as the PSI condom social marketing program, FHI-360 women's health clubs for FSWs and the FHI360, CDC Life-GAP, and WB peer education programs.
- ♦ A persistent challenge has been coordinating the various condom provision programs. The project reached an agreement that the provision of free condom brands should be limited to street sex workers, while EEs should offer only partially subsidized or non-subsidized condom brands. However, this agreement has not yet been fully implemented (some free condom brands are still available in EEs through WB and FHI360 peer outreach programs). In order to carry out PSI's Total Market Approach for condom provision and fully implement the agreed An Giang market segmentation, it will be necessary to further improve coordination among the various implementing partners.

Developing a supportive legal environment:

- ♦ The positive attitude and support from the PPC have helped create and maintain an effective legal framework for coordinating interventions targeting FSWs. Provincial authorities, including the PPC and the Departments of Public Security and Culture, Sports and Tourism, have issued and implemented a series of legal documents demonstrating strong multi-sector support for the 100% CUP and, despite initial reluctance, many police officers have participated positively and come to support

the public health objectives of the 100% CUP. The program has also helped other harm reduction programs in the area overcome barriers in the perception of harm reduction interventions.

Role and participation of the police:

- The results of the intervention show the pivotal role of the police force in implementing the 100% CUP, although accepting their role and participation in harm reduction activities has not been easy for them. Police officers were initially reluctant to act as collaborators because it was a shift from arresting EE owners who made condoms available in their establishments, which has traditionally been considered proof of providing prostitution services, to agreeing, and even reminding, EEs to ensure condoms are readily available. Once the initial paradigm shift occurred in the perception of the police force and they became active participants in the program, police officials felt more confident. This is a positive and significant change within the police force regarding harm reduction for controlling and preventing HIV/AIDS. As a result, the police force is now more actively supporting local HIV/AIDS prevention and control activities. The police now proactively conduct regular supervision visits to EEs to ensure they are adhering to their program commitments.
- However, there are still contradicting opinions that make the participation of police officers difficult. Some officers have indicated that the required regular program reports are a burden and they do not believe they are essential.



*Picture 2: Training for polices on HIV/AIDS
Photo: Kieu Thanh Binh*

- ◆ This evaluation notes that some collaborators (police) have used their authority to force EE owners to participate in the program and then check the availability of condoms to make sure the EE is complying with the program. There have not been any formal sanctions (for example fines) against EEs violating the terms of their 100% CUP commitment but a number of owners said that some police officers used the commitment as an instrument to threaten and punish establishments where condoms were not available. The evaluation also highlights differing opinions on whether there should be sanctions at all. Many program managers propose sanctions as a strong incentive for compliance, but some police and local authorities still believe they should not be imposed at present. An important lesson learned from the 100% CUP in An Giang is to encourage EE owners and their employees to participate in the program voluntarily by raising awareness, thereby allowing them to realize the benefits of participation.

Role and participation of entertainment establishment owners:

- ◆ Many of the EE owners interviewed responded positively to the program and said that participation has provided opportunities to cooperate and share information through meetings and workshops.

With the support of the collaborator network of commune police officers, the project was able to enlist almost 100% of the EEs at which commercial sex acts may occur to participate in the program. Figure 2 shows the proportion of EEs enrolling in the program. Most of the owners (10 out of the 13 interviewed) responded



Picture 3: Meeting with EE owners

Photo: Kieu Thanh Binh

positively regarding the program because they are now able to publicly supply condoms, rather than providing them “under the counter”.

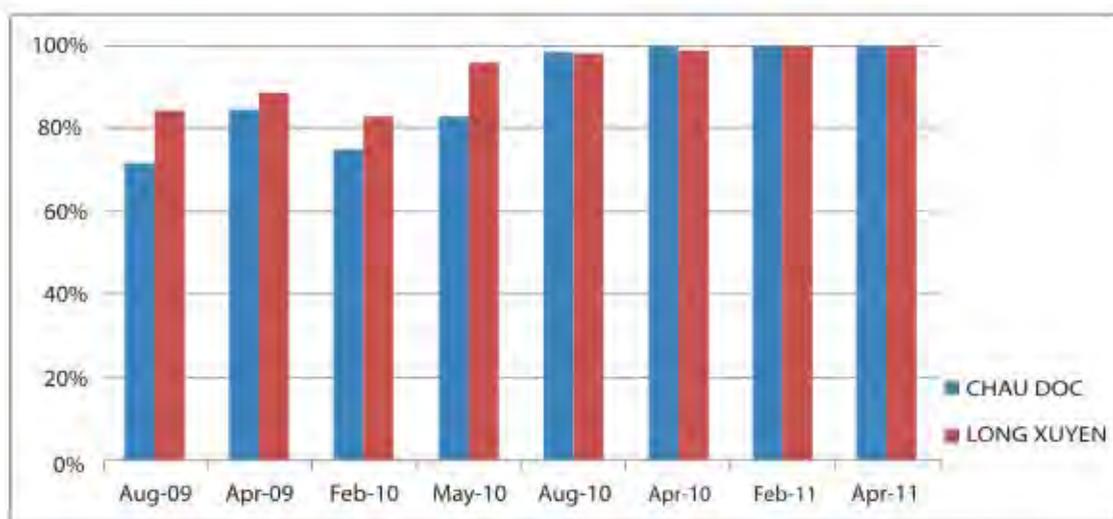


Figure 2: Percentage of EEs enrolled in 100% CUP, at which commercial sex may occur

- ◆ However, an owner's signature alone does not indicate a change in awareness or whether participation was voluntary. Some owners were reluctant to join the program and/or have indicated that signing the commitment was merely a way to placate the police. To some extent, the commitment to display and provide condoms generated some concern for EE owners/managers related to their customers' perception of the services provided, especially where those establishments do not offer sexual services. There were cases where owners of family karaoke clubs or barber shops would not sign the commitment, arguing that their customers would not need condoms since no sexual services were offered.

Capacity building and training to improve EE staff knowledge and skills:

- ◆ The attitudes of EE owners and their sense of responsibility toward their employees have likely been improved through the program's awareness raising activities, as evidenced by increased condom availability and owners allowing employees to obtain periodic screening for STIs and treatment as necessary. The IDIs and FGDs with 13 EE owners revealed that many owners bought condoms themselves to ensure availability, and some have supported their employees in requiring clients to use condoms even when the client offers larger payments for sex without protection.

- ◆ Promoting condoms in EEs has created an environment that enables employees to take part in activities to control HIV/AIDS including access to STI screening and treatment, discussions about HIV/AIDS prevention and protection and the correct use of condoms, and sharing lessons learned on persuading sexual clients to use condoms.
- ◆ Although the evaluation indicates clear changes in stakeholder perception and capacity, it also shows the need for improved descriptions of and planning for capacity building within the program framework, mainly related to individual skills and program management. One implementing partner staff member noted that, "Capacity for joint implementation has improved, yet still needs to be enhanced."

Initial effectiveness and project impact:

- ◆ Findings from IDIs have shown that the knowledge and behavior of FSWs and their clients related to preventing HIV infection through condom use improved.
- ◆ Limited qualitative data suggests that the availability of condoms in EEs contributes to the increased use of condoms by FSWs and their clients, but verification of such conclusions must await further IBBS, FSW and client survey data that should be available later in 2012.
- ◆ According to data gathered through the program's monitoring system, almost 100% of the targeted EEs in Chau Doc and Long Xuyen reported maintaining and increasing the availability of condoms, as shown in Figures 3 and 4.

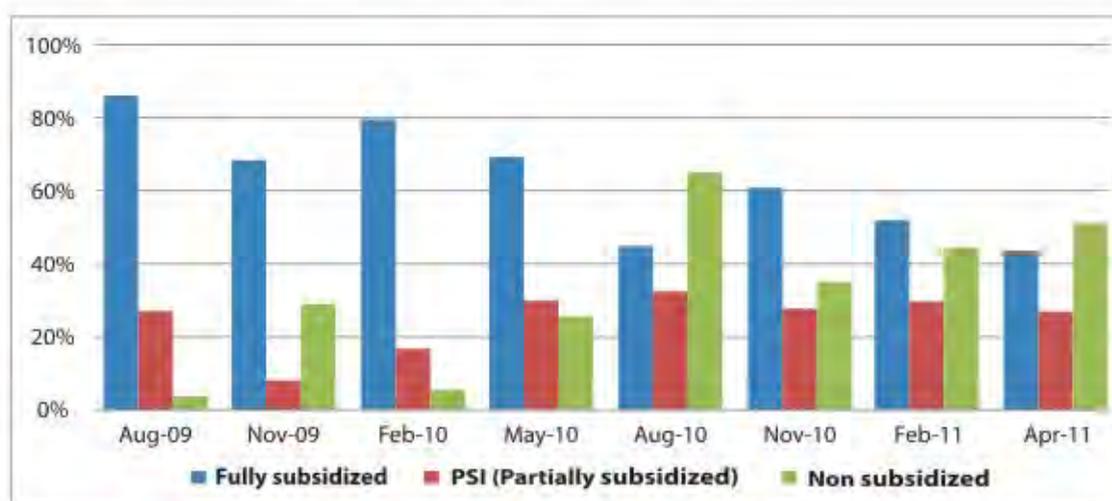


Figure 3: Percentage of participating EEs in Chau Doc by condom provision sources

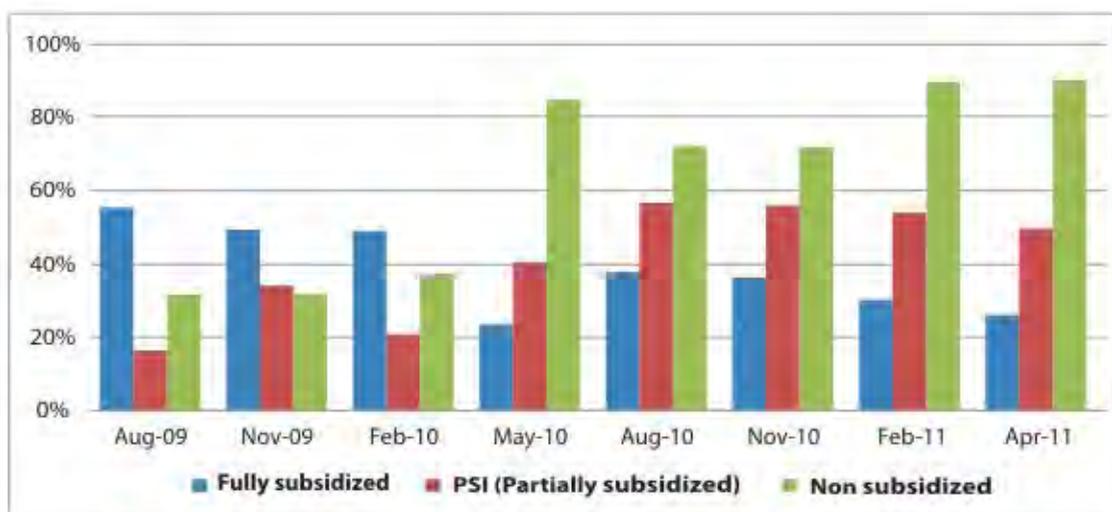


Figure 4: Percentage of participating EEs in Long Xuyen by condom provision sources

- All 13 FSWs interviewed said they were no longer concerned about condom availability because they are now available everywhere, including hotels and guest houses.
- Figures 3 and 4 show the increased availability of both partially subsidized (socially marketed) and non-subsidized (full retail price) condoms at EEs in both Chau Doc and Long Xuyen since the 100% CUP has been implemented. However, fully subsidized (free) condom brands are still available in many EEs, indicating poor compliance with the condom provision agreement between implementing partners and the need for improved coordination. Many hotels and guest houses are purchasing Number One condoms from PSI at partially subsidized prices and then placing them in the rooms and at reception desks where



Picture 4: A place of condom' position in guest house
Photo: Kieu Thanh Binh

customers may access them free of charge. It would be even better to encourage hotels and guest houses to rely more on unsubsidized condom brands for customers to purchase or that could be included in room charges.

- Figures 5 and 6 show the specific location of condoms in targeted EEs. The vast majority of EEs in both Chau Doc and Long Xuyen had condoms available at the reception desk and a smaller percentage had condoms in individual rooms. Over time this percentage increased moderately to 40-45% in Long Xuyen but remained relatively stable at 30-40% in Chau Doc. It is important to develop strategies to substantially increase the percentage of EEs that provide condoms in the rooms. Figure 5 shows that EE owners in Chau Doc noticed that condoms available in toilets from May to October 2010 were not used, so decided to make more condoms available at the reception as of November. Condoms must be both available and accessible, which means both easily visible and usable by customers.

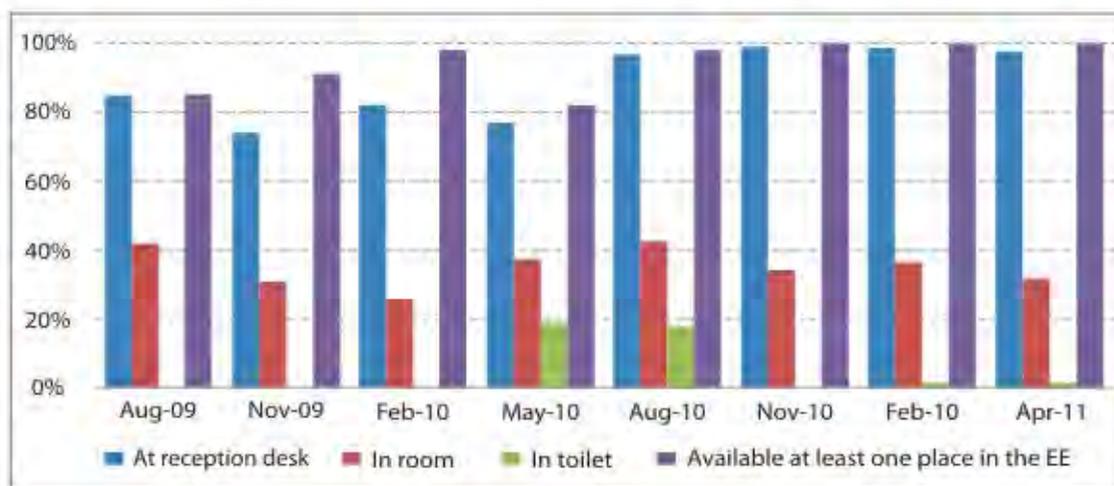


Figure 5: Percentage of condom availability at EEs in Chau Doc by placement

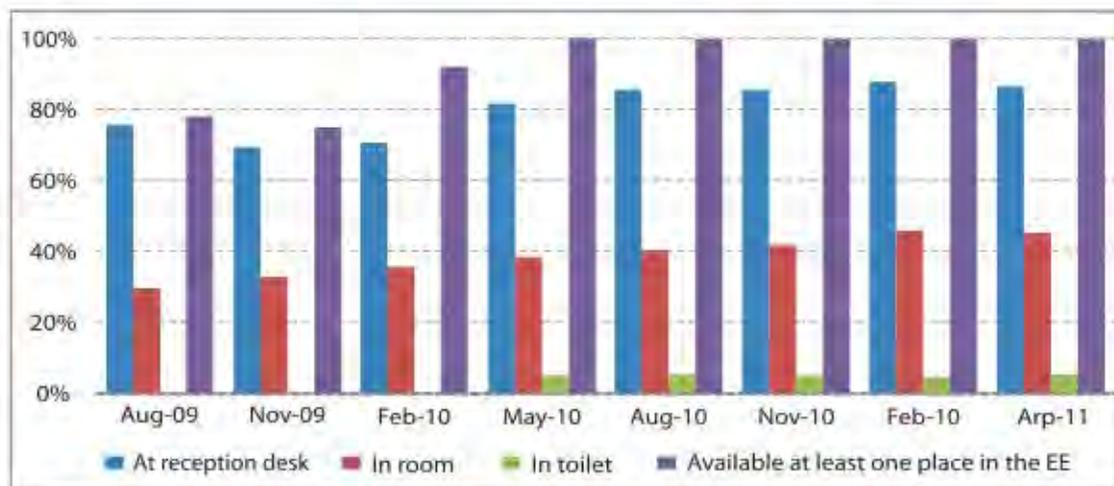


Figure 6: Percentage of condom availability at EEs in Long Xuyen by placement

Lessons learned and sustainability:

The following important lessons have been learned from the of the evaluation of 100% CUP implementation in An Giang province:

- ◆ Commitment and support from local authorities is essential for the successful implementation and sustainability of harm reduction interventions. Harm reduction interventions in general, and the 100% CUP in particular, are now on the provincial agenda and have received strong support from the PPC in An Giang. Decisions and steering documents from the PPC, police force and other relevant departments and sectors provided impetus for the program as well as both a theoretical and practical basis for the effective implementation of the 100% CUP.
- ◆ A multi-sector approach and transparent sharing of information on harm reduction are vital in raising community awareness and promoting the responsibility for coordination among partners. It is also important to have a local agency serving as a focal point for the coordination of partners.
- ◆ Improved awareness among EE owners increases the sustainability of the 100% CUP and complements effective implementation and strengthened regulations.
- ◆ A strategic advocacy plan comprising a series of necessary steps is important to garnering support for program implementation.
- ◆ Best practices should be documented and shared among implementing partners at all levels for the future expansion of the 100% CUP to other provinces.
- ◆ Selecting the An Giang AIDS Association (AAA) to implement the 100% CUP was appropriate for sustainability reasons because the association is a competent, well known professional social organization in the province. Its organizational and technical capacity was further strengthened through the 100% CUP implementation, and the association will be able to assume an expanded role in the future.
- ◆ Development and implementation of a results-based monitoring and evaluation system facilitates the supervision of project activities, targeting resources and monitoring results. Baseline data are also very important for project planning and evaluation.
- ◆ Changes in attitudes and practice among collaborators and stakeholders are the sustainable results of this program. An Giang province is currently preparing a plan to continue the program and the PPC and PATC have agreed to provide ongoing support.

CONCLUSION

- ♦ After two years of implementation, there has been a notable change in the awareness of harm reduction interventions among local authorities, sectors and unions in An Giang, especially within the police force. As a result, the program has received positive support from the PPC as well as direct, positive participation from the police, and has created an effective means to enable joint interventions among programs targeting groups at high risk of transmitting HIV and STIs. The program has proven to be reliable, effective and efficient and EE owners have committed to ensuring condom availability after USAID support for the program ends.
- ♦ Despite overcoming their initial lack of awareness, some police officers, including collaborators, still remain hesitant to participate. Significant efforts have been made to affect behavior change among the police force however, existing attitudes are deeply ingrained. Therefore, awareness raising activities need to be conducted regularly and continuously. The reluctant relationship between EE owners, the police and local authorities has improved, yet some owners still feel pressured into participating in the program.

RECOMMENDATIONS

The recommendations below are given based on the findings from the evaluation and include (i) recommendations to improve the ongoing program in An Giang and (ii) suggestions for developing relevant policies to support the future implementation and expansion of the model.

Recommendations for program improvement:

- ◆ Work with the police, EE owners, other collaborators and stakeholders to provide encouragement and incentives to participate and comply with the program and de-emphasize enforcement mechanisms that may result in resistance and reluctance.
- ◆ Strengthen collaboration between different sectors, partners, and mass organizations, clarifying and consolidating the roles of each to avoid the police force dominating monitoring and enforcement efforts. Alternatives include establishing a supportive multi-sector supervisory group comprised of a health official, an official from the provincial Department of Culture, Sports and Tourism, and a police officer. EE owners and FSWs should also play continued and increasing roles in implementing the 100% CUP. Finally, the project should expand the roles of and cooperation with mass organizations and Self-Management Boards at sub-village (hamlet) level.
- ◆ Regularly review and update maps and lists to ensure the appropriate ongoing selection of targeted EEs.
- ◆ Enhance the management capacity and coordination among related partners in the 100% CUP, including national government agencies and partners at central level.
- ◆ Provide opportunities for EE owners to meet and share information to encourage active participation and the desire to make positive contributions to the community.
- ◆ Provide formal job descriptions for collaborators to ensure their competency and the 100% CUP's relevance to the community.
- ◆ Support the ongoing shift towards a total market approach, moving from distributing fully subsidized condoms to selling partially subsidized and non-subsidized condoms to the EE owners to be offered to clients via appropriate mechanisms.
- ◆ Implement strategies to ensure the availability of condoms in all individual rooms at EEs. This may include adding non-subsidized condom brands to the "mini-bar" in each room or incorporating the cost of condoms into the room charge and providing them with the toiletries in the bathrooms.

- Guarantee that condoms are both readily available and easily accessible in all EEs by ensuring sufficient supply from reliable sources while also maintaining adequate supervision.
- Seek opportunities to reach out to other high-risk groups in the community, such as street FSWs and clients, MSM and male sex workers, in addition to the currently targeted FSWs employed through EEs.

Recommendations for policy development

- The 100% CUP should be adjusted and further piloted in other localities to obtain additional evidence and experience before being scaled up throughout the country to gain further insight into differences between regions.
- Lessons learned from the An Giang 100% CUP should be shared at the local as well as national levels. Based on these experiences, the Ministry of Health can develop national implementation guidelines for the 100% CUP aimed at standardizing and institutionalizing this type of intervention.
- USAID/HPI should work with the Ministries of Health, Public Security, Culture, Sports and Tourism, and Labor, Invalids, and Social Affairs to develop an inter-ministerial Circular for the 100% CUP and advocate for its integration into national and provincial strategies to prevent and control HIV/AIDS in Vietnam.
- USAID/HPI also needs to work with the Ministry of Labor, Invalids and Social Affairs on new laws, action plans, and technical guidelines on sex work that focus more on harm reduction than punishment.
- The Department of Culture, Sports and Tourism should make condom availability one of the criteria in assessing and certifying the quality of hotels and guest houses.
- An Giang province should maintain its political commitment to implementing the 100% CUP model, which should be developed and integrated into annual its social-economic development plans in the form of resolutions or directives to support further implementation.

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