



USAID
FROM THE AMERICAN PEOPLE



WORKPLACE-BASED PREVENTION AND EMPLOYMENT AND SUPPORTIVE SERVICES FOR HIGH-RISK INDIVIDUALS IN VIETNAM PROJECT

FINAL REPORT
JUNE 20, 2013

IQC No. GHS-1-00-07-00004-00
Task Order No. GHS-I-03-07-00004-00

Table of Contents

Acronyms.....	3
Executive Summary.....	4
Recommendations.....	5
Chapter I: Context and Challenges.....	8
A. HIV/AIDS in Vietnam.....	8
B. USAID and PEPFAR Program in Support of Vietnam's Response to HIV/AIDS.....	9
C. Introduction to the Vietnam Workplace project.....	10
Chapter II: Workplace-Based HIV/AIDS Prevention and Supportive Services.....	14
A. Communication on HIV Prevention at the Workplace.....	14
A1. Assessment Findings.....	14
A2. Development of Best Practice Model.....	14
A3. Peer Educators.....	15
A4. Cost Sharing and Strategic Communication Activities.....	18
A5. Workplace-Based Condom Social Marketing.....	18
A6. Voluntary Counseling, Testing, Referral, Care, and Support.....	18
A7. Achievements in Advocacy for Workplace-Based Prevention Programs.....	19
A8. Building of Provincial Vietnam Chamber of Commerce and Industry.....	20
B. Corporate Social Responsibility.....	21
C. At Work-Enabling Employment Environment.....	21
D. Innovation: Self-Employment and Improved Access to Credit.....	25
D1. Partnership with TYM.....	25
D2. Partnership with Vietnam Bank for Social Policies.....	28
D3. Partnership with M7 Network and Community Finance and Resource Center.....	31
D4. Sustainability of Models.....	31
Chapter III: Next Steps and Lessons Learned.....	33
A. Next Steps: How Some Project Activities Will Carry On.....	33
A1. Workplace-Based HIV/AIDS Prevention and Supportive Services.....	33
A2. At Work-Enabling Employment Environment.....	33
A3. Self-Employment and Improved Access to Credit.....	33
A4. Policy Advocacy and Handover of Best Practices and Key Training Tools.....	34
B. Lessons Learned from Work with Stakeholders.....	34
Annex A. Success Stories and Project One-Pager.....	CD (inside back cover)
Annex B. Project Studies, Surveys, Report.....	CD (inside back cover)
Annex C. Project Policy Advocacy Efforts.....	CD (inside back cover)
Annex D. Technical Assistance Packages for Local Counterparts.....	CD (inside back cover)
D1. Workplace Prevention Component.....	CD (inside back cover)
D2. Job Placement Component.....	CD (inside back cover)
D3. Microfinance Component.....	CD (inside back cover)

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Treatment
DSVP	Department of Social Vice Prevention
HIV	Human Immune Deficiency Virus
HPI	Health Policy Initiative
MOLISA	Ministry of Labor – Invalids and Social Affairs
MMT	Methadone Maintenance Treatment
NGOs	Non-Governmental Organization
PEPFAR	President’s Emergency Plan for AIDS Relief
RTI	Reproductive Tract Infection
SCDI	Center for Supporting Community Development Initiatives
STI	Sexually Transmitted Infection
TYM	Tinh Thuong One Member Limited Liability
MFI	Microfinance Institution
USAID	United States Agency for International Development
VAAC	Vietnam Administration for AIDS Control
VBSP	Vietnam Bank for Social Policies
VCT	Voluntary Counseling and Testing
VND	Vietnamese Dong
USD	United States Dollar

Executive Summary



Staff of a participating enterprise partake in a training to learn more about lending to people living with HIV/AIDS.

Photo: Workplace Project staff

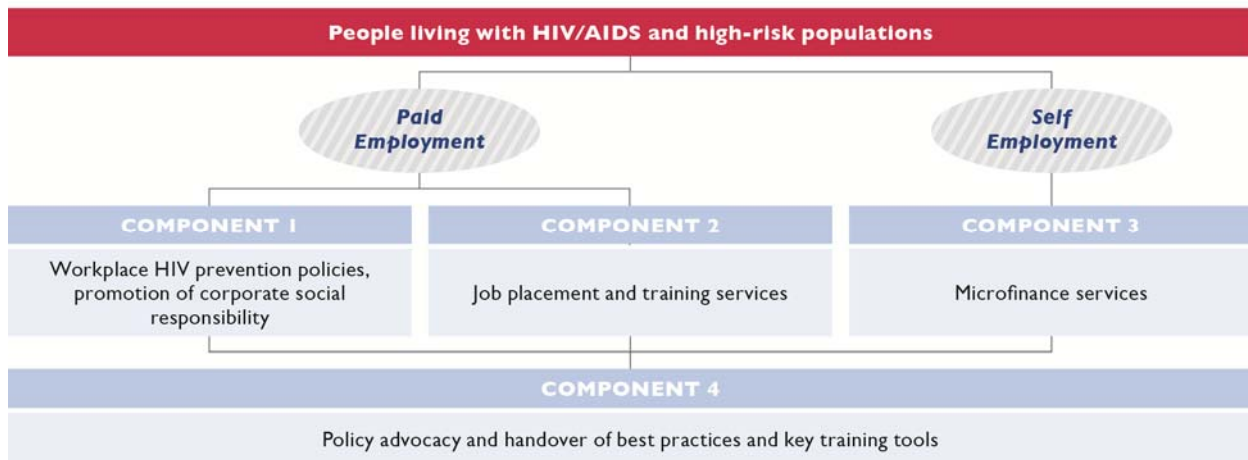
In 2008, the United States Agency for International Development (USAID), under the President's Emergency Plan for AIDS Relief (PEPFAR) and in cooperation with the government of Vietnam, launched the Workplace-Based Prevention and Employment and Supportive Services for High-Risk Individuals in Vietnam project (Workplace project) to provide employment opportunities for people living with HIV/AIDS, and prevent new infection among individuals identified as high-risk. The \$3 million project used a three-pronged approach of 1) promoting establishment of workplace policies addressing HIV prevention; 2) providing job placement support and training for high-risk individuals; and, 3) implementing innovative

employment and social support schemes sensitive to the needs of the beneficiaries, while capitalizing on the new commitment by the government of Vietnam to increase access to preventative and supportive services. The fourth component, a handover of best practices, key training tools, and policy advocacy, began in collaboration with project counterparts in late 2012.

With an estimated national prevalence rate of nearly .5 percent¹, the state of the HIV/AIDS epidemic in Vietnam remains concentrated, which indicates higher rates of infection among specific demographics. The populations exhibiting the highest and fastest growing HIV-infection rates are those described as “high-risk” and include sex workers, injecting drug users, and men who have sex with men. Members of these populations living with HIV/AIDS face the added strain of the accompanying stigma associated with these classifications and a negative public perception of HIV infection. This sentiment remains widespread and is a substantial barrier to providing preventative and supportive care. Despite these daunting challenges, recent national achievements in HIV/AIDS prevention and support are encouraging. Highly focused interventions that specifically address the needs of high-risk individuals have increased, and access to treatment and care across the country has expanded, while the government of Vietnam has consistently committed to increasing access to HIV prevention resources, treatment, care, and support services. The Workplace project, working in tandem with the governmental strategies, launched its technical approach through four key components, as noted in Exhibit 1:

¹.45 percent among adults aged 15-49. National Committee for AIDS, Drugs, and Prostitution Prevention and Control. (2012). *Vietnam AIDS Response Progress Report 2012*. Hanoi, Vietnam.

Exhibit 1: Workplace Project Components



The project promoted a model of comprehensive prevention, care, and support through the provision of paid- and self-employment opportunities. The major achievements of the project include the following:

- Completion of HIV/AIDS prevention training programs for more than 100,000 employees at 118 targeted enterprises in seven PEPFAR provinces, more than 70 percent of which have continued training programs with their own funding.
- Contributions to national policy reform to increase support and opportunities for people living with HIV/AIDS, including Decree 122/2011, which provides tax incentives for enterprises carrying out HIV/AIDS workplace-based prevention programs and recruitment of people living with HIV and high-risk individuals.
- Establishment of lending relationships between microfinance institutions and community-based organizations providing care to people living with HIV/AIDS, resulting in more than \$100,000 lent to clients and a 98 percent repayment rate.
- Collaboration with project counterparts, including community-based self-help groups committed to developing training tools to promote information, education, and communication to ensure continuation of the most effective practices identified during Workplace project implementation.

Recommendations

Throughout implementation, the Workplace project brokered relationships with communities, national, provincial, and local government agencies, non-government organizations, and finance institutions with the intent to bring people living with HIV/AIDS and high-risk individuals into mainstream Vietnamese society while exemplifying examples of their contributions as productive members of society and contributors to family livelihood stability. To continue building on the successes of the Workplace project, it is critical for counterparts to consider the following:

- Work closely with government institutions to promote the viability of HIV/AIDS prevention programs in the workplace that continue to reduce the stigma surrounding hiring and lending to people living with HIV/AIDS or high-risk individuals.



A beneficiary poses with his parents after successfully obtaining a loan through project partner Vietnam Bank of Social Policies.

Photo: Workplace Project staff

- Collaborate with governmental institutions to strengthen political will, particularly among local authorities. This support must be built up gradually to gain partners' commitment and support for the proposed models. Proper investments of time, effort, budget for capacity building and advocacy should be considered and included in the program.
- Expand efforts and synergy among different administrative service organizations and donors to advocate for more expansion of the full-fledged microfinance institutions and, more importantly, for government enabling funding for livelihoods support for the target populations.
- Support information sharing practices to guide implementation of National Technical Guidelines on HIV Prevention throughout the Vietnam Chamber of Commerce and Industry and Vietnam Women's Entrepreneur Council, with a focus on high-risk areas such as big cities and urban areas with a significant number of migrant workers and laborers.
- Recognize the positive impacts associated with counseling and support services for people living with HIV and high-risk individuals and continue promoting counseling and support services through regular referral to the project publications, including the handbook on vocational counseling.
- Incorporate use of the Workplace project's Handbook on Vocational Counseling and Employment Support (see Annex D) in vocational training centers to support people living with HIV/AIDS and high-risk individuals seeking social assistance.
- Promote corporate social responsibility among enterprises throughout Vietnam by creating a working group of staff from Workplace project targeted enterprises that can identify strong corporate social responsibility practices targeting people living with HIV/AIDS and high-risk individuals and share practices with additional Vietnam Chamber of Commerce and Industry enterprises.
- Encourage enterprises and community businesses to provide financial and vocational support to people living with HIV and high-risk individuals and promote the successes of their programs in public forums, with the goal of promoting policy to increase tax incentives for enterprises to implement HIV prevention programs and recruit people living with HIV/AIDS and high-risk individuals.

- Expand successful microfinance models by institutionalizing a national policy and working mechanism to provide sustainable and suitable loans and employment opportunities to people living with HIV/AIDS and high-risk individuals, following Decree No. 16 (May 2012).

Chapter I: Context and Challenges

A. HIV/AIDS in Vietnam

Globally, Vietnam ranked number 73 in HIV/AIDS prevalence and had an estimated 250,000 people infected with HIV/AIDS in 2011.² Since the first reported case of HIV in Vietnam was recorded just over two decades ago, people living with HIV/AIDS have battled significant social stigma associated with infection. Family support systems were severed upon disclosure of HIV status, marriages dissolved, and jobs were lost due to limited understanding about how HIV is spread. Populations identified as high-risk for infection, including sex workers, injecting drug users, and men who have sex with men, often bear additional stigma related to their activities or addictions and historically faced the risk of imprisonment due to criminalization of these acts. These groups represented a concentration of the epidemic with the highest prevalence of infection, and continue to be the driving force for HIV infection nationwide.

The stigma resulted in limited financial and social support, thus people living with HIV, or those identified as high-risk for contracting the virus, were given fewer opportunities to advance in paid positions, or seek out self-employment opportunities. If a person learned they had been exposed to HIV, they frequently deferred treatment, feeling it was better to not know and keep their families, their jobs, and social networks intact than find out and risk being shunned in their livelihoods and communities.



A TYM loan recipient completes daily tasks to support her self-employment.

Photo: Workplace Project staff

In 2004, building on the Ordinance on HIV/AIDS Prevention and Control of 1995, the government of Vietnam passed the *National Strategy on HIV/AIDS Prevention and Control until 2010 with a Vision to 2020*. This national strategy solidified the national commitment to reduced infection rates in Vietnam, and pledged care and support for people living with and affected by HIV. As part of the national socio-economic development plan, the government of Vietnam continues to develop its strategy to address HIV/AIDS control and prevention, with a special focus on reducing discrimination and stigma associated with infection. In the *National Strategy on HIV/AIDS Prevention and Control by 2020 with a Vision to 2030* (see text box on next page), the government has pledged its support of movement toward “zero new infections, zero discrimination, and zero AIDS-related deaths.”³

² UNAIDS Website, <http://www.unaids.org/en/dataanalysis/datatools/aidsinfo/>

³ National Committee for AIDS, Drugs, and Prostitution Prevention and Control. (2012). *Vietnam AIDS Response Progress Report 2012*. Hanoi, Vietnam.

National Strategy Highlights

- To increase the rate of people between 15 and 49 years with adequate awareness about HIV/AIDS to 80 percent by 2020.
- To increase the rate of people having no stigma and discrimination against HIV-infected people to 80 percent by 2020.
- To reduce 50 percent and 80 percent of new HIV infections among the injecting drug users group by 2015 and 2020 respectively, compared to 2010.
- To reduce 50 percent and 80 percent of new HIV infections through sexual contacts by 2015 and 2020 respectively, compared to 2010.
- To reduce the rate of mother-to-child HIV transmission to below 5 percent and below 2 percent by 2015 and 2020 respectively.
- To increase the rate of HIV-infected people receiving antiretroviral treatment to more than 80 percent of the total number of HIV-infected people eligible for the treatment by 2020.

B. USAID and PEPFAR Program in Support of Vietnam's Response to HIV/AIDS

USAID/Vietnam has supported HIV-focused prevention and care in Vietnam for nearly 20 years, and has implemented HIV-focused projects in Vietnam in cooperation with national, provincial, and district governmental offices, as well as non-governmental, civil society, and faith-based organizations. In 2012, USAID received more than half the total PEPFAR budget for Vietnam.

Vietnam is among 15 countries receiving PEPFAR funding, and has received more than \$500 million in PEPFAR support since 2004. Promoting HIV/AIDS prevention projects in nine provinces throughout Vietnam, the PEPFAR



The USAID-funded Workplace-Based Prevention and Employment and Supportive Services Project provided hard skills and soft skills training, arming project beneficiaries with employable skills.

Photo: Workplace project staff

National PEPFAR Strategy and Project Achievements

- **Improved HIV/AIDS awareness among 15- to 49-year-olds and reduced number of new cases.**
Workplace project achievement: Nearly 90,000 employees in 118 enterprises reached through workplace-based prevention programs.
- **Reduced stigma associated with HIV/AIDS.**
Workplace project achievement: Nearly 900 people provided training to obtain paid employment, and more than 200 people linked to microfinance institutions to create self-employment opportunities.
- **Increased regular ARV treatment.**
Workplace project achievement: More than 1,000 men, women, and children provided with care via community-based or workplace-based outreach.
- **Increased support provided to people living with HIV/AIDS.**
Workplace project achievement: More than 120 men, women, and children provided social support services through community-based or workplace-based outreach.

strategy promotes collaboration with the government of Vietnam to develop sustainable, comprehensive national HIV/AIDS management, control, and support programs, building on the *National Strategy on HIV/AIDS Prevention and Control to 2020 with a Vision to 2030*. The Workplace project, one of several implemented under PEPFAR, has aligned program activities and achieved goals in line with the national PEPFAR strategy, including increasing awareness among 15-49 year olds and provision of support to people living with HIV/AIDS.

C. Introduction of the Vietnam Workplace project

Working with the existing government system and multi-sector teams (see box at end of section), the Workplace project used participatory processes to target high-risk individuals and promote a model of comprehensive prevention, care, and support through the provision of paid- and self-employment opportunities for people living with HIV/AIDS and those at high risk for infection.



A beneficiary who received training in motorbike repair inspects an engine.

Photo: Workplace project staff

The first step in project implementation began in early 2009, with the promotion of HIV/AIDS prevention programs in enterprises. Enterprises provide structured social environments for employees who live far from home, and were ideal locations for disseminating crucial health-related information to keep the workforce healthy and reduce the spread of HIV. Working in collaboration with the Vietnam Chamber of Commerce and Industry, the Workplace project identified more than 100 enterprises throughout seven provinces to begin workplace-based HIV prevention training. These targeted enterprises, which ranged from textile factories and construction sites to mines and entertainment venues, employed scores of people vulnerable to new health risks based on their sexual or recreational interactions with high-risk individuals. Through continued engagement with Vietnam Chamber of Commerce and Industry and member institutions, the Workplace project was also able to promote corporate social responsibility among participating enterprises, a key element in the sustainability of the project's interventions.

Prevention training met only part of the challenge. The Workplace project also determined that departure from the workforce due to social stigma, depression, and health issues remained a challenge for people living with HIV/AIDS and high-risk individuals. Members of these groups often have to be eased back into the workforce armed with the skills to succeed socially as well as financially. To meet this need, the project teamed with local organization Center for Supportive Community Development Initiatives to implement soft skills training, employment counseling, and vocational training for people living with HIV/AIDS, recovering drug users, and high-risk individuals seeking full-time employment. As a result of this partnership, the Workplace project assisted with the re-entry of more than 800 people into the Vietnamese workforce, equipped with the ability to succeed with paid employment opportunities. More importantly, the project established strong partnerships with local self-help groups who were

“ This is a meaningful project because unemployment gets much concern from the community nowadays. In particular, recovering drug users, people living with HIV/AIDS and other vulnerable groups have trouble seeking jobs. ”

Mr. Chu Quoc An
Deputy Director,
Vietnam
Administration
for AIDS Control

instrumental in expanding the outreach to beneficiaries, and remain crucial in continuing to support high-risk individuals and people living with HIV/AIDS in the future.

In addition to promoting support for paid-job opportunities, the Workplace project placed an emphasis on planning and implementation of self-employment opportunities. Recognizing that targeted beneficiaries were in need of flexible opportunities that allowed them to seek training for viable self-employment, the project launched a microfinance-focused component which targeted high-risk individuals as well as people living with HIV/AIDS and their families in late 2010.

The Workplace project first assessed employment needs of beneficiaries and determined that provision of microfinance services (loans and savings) and complementary business training would be key elements in providing support for self-employment and future paid-employment. Situation analyses showed gaps in accessing well-managed microfinance services by high-risk individuals and difficulties in funding and

48.3
PERCENT

Positive net percentage change in employees reporting accepting attitudes toward people living with HIV, according to baseline and midterm assessment of workers in enterprises targeted for HIV prevention program development.

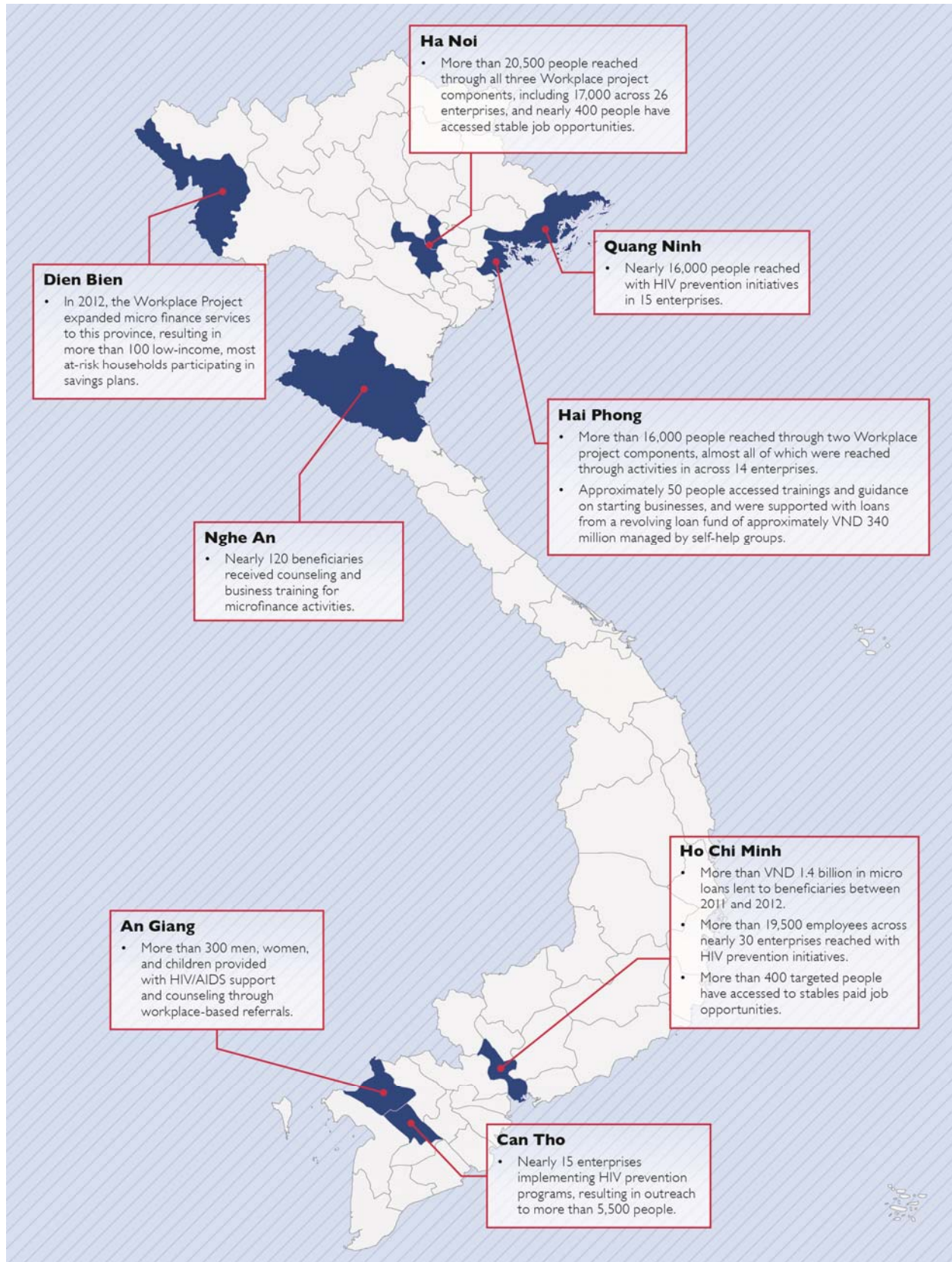
long-term sustainability of the few existing micro-lending programs for HIV/AIDS-focused organizations. A microfinance strategy was mapped out in 2010, focusing on partnership arrangements between health services providers, HIV/AIDS-focused organizations, and established microfinance institutions. By reaching out to established microfinance institutions, including the Vietnam Bank for Social Policies, Tinh Thuong One Member Limited Liability Microfinance Institution (TYM), and the M7 Network, the Workplace project established pioneering lending practices to people living with HIV and high-risk individuals by fostering relationships between lenders, staff within HIV-focused organizations, and beneficiaries, and providing training to lender and loan recipients, and staff providing care to people living with HIV in addition to the beneficiaries.

Throughout the project implementation, the Workplace project monitored best practices, challenges, and lessons learned within each component. By early 2012, the Workplace project sketched a technical handover of each project component to ensure counterparts would be able to continue to implement activities, as well as advocate for additional governmental support, in line with identified best practices in advance of the project completion in 2013.

Workplace Project Partners

- **Department of Social Vice Prevention (DVSP)/Ministry of Labor – Invalids and Social Affairs (MOLISA):** Governmental organization and collaborative partner promoting job placement and loan provision policy advocacy for people living with HIV/AIDS and high-risk individuals.
- **Vietnam Administration for HIV/AIDS Control (VAAC)/Ministry of Health (MOH):** Governmental organization and collaborative partner promoting collaboration with provincial AIDS centers and policy advocacy for the passage of the National Guideline on HIV Prevention at the Workplace.
- **Vietnam Bank for Social Policies (VBSP):** Government bank providing credit for the poor and other vulnerable groups. Launched pilot microfinance project in Ho Chi Minh City to provide loans and non-financial support to targeted group.
- **Tinh Thuong One Member Limited Liability Microfinance Institution (TYM):** Microfinance institution with experience lending to high-risk individuals.
- **Vietnam Chamber of Commerce and Industry (VCCI) and Vietnam Women’s Entrepreneur Council (VWEC):** Non-governmental organizations and collaborative partners implementing workplace-based prevention programs.
- **Center for Supporting Community Development Initiatives (SCDI):** Non-governmental organization and collaborative partner providing non-financial counseling, job placement coaching.
- **Community Finance Resource Center/M7 Network (CFRC/M7):** Non-governmental organization focused on economic development and providing microfinance services.
- **Safe Living:** Non-governmental organization and collaborating partner providing pre- and post-credit counseling and training on business start up in Ho Chi Minh city.

Project Sites — Vietnam Workplace Project



Chapter II: Workplace-based Prevention and Supportive Services

A. Communication on HIV Prevention at the Workplace

Reaching high-risk individuals with sensitive information regarding a highly stigmatized health issue such as HIV/AIDS prevention posed a challenge to the Workplace project and project counterparts. Success in developing and implementing effective HIV/AIDS prevention training programs for enterprises hinged on strategic communication and planning, as well as community-based and government support in the referral processes.

A1. Assessment Findings

To kick off program planning, the project launched a baseline assessment in collaboration with the Vietnam Chamber of Commerce and Industry (see text box). This baseline assessment of employers and employees within 106 enterprises sought to identify high-risk behaviors among employees, measure accurate knowledge about HIV and HIV transmission, identify common attitudes toward people living with HIV in the workplaces, and gauge policies already implemented in the enterprises that address HIV prevention. The project considered several variables in identifying enterprises for participation, including size, sector, location, number of migrant workers employed, and management commitment to HIV prevention activities. The results of the assessment identified enterprises engaged in transportation, fishing, construction, services, mining, and industrial zones as those with the highest concentration of employees who have unprotected sex with non-cohabitating partners, have unsafe sex with sex workers (both measured at approximately 23 percent), and use drugs (3 percent), although self-reported drug use was estimated to be underreported due to the fear of job loss associated with disclosure.

A2. Development of Best Practice Model

Incorporating results from the baseline assessment and comments from enterprises surveyed, the Workplace project staff worked with the International Organization for Migration to develop a best practices model for HIV workplace policy and prevention interventions, including a 10-Step Plan (see text box on next page).



A Workplace project team member shares HIV prevention material with an employee of a participating enterprise.

Photo: Workplace project staff

Baseline Assessment Findings — Prior to Workplace Project Collaboration

- Nearly 80 percent of surveyed enterprises completed at least one HIV prevention training in the previous 12 months.
- More than one-third of enterprises conducted information and education communication campaigns on HIV prevention.
- Less than 15 percent of enterprises had HIV prevention policies in place prior to participation in Workplace project.
- Less than 20 percent of enterprises provided HIV testing at the workplace; however, HIV testing prior to employment was mandatory at 10 of the 22 enterprises.

Twelve additional enterprises were later added to the project groups, resulting in 118 targeted enterprises for intervention.

The 10-Step Plan

1. Establish an HIV/AIDS prevention committee within the enterprise.
2. Develop HIV/AIDS at the workplace prevention policies.
3. Develop a work plan for HIV/AIDS prevention activities.
4. Identify the enterprise's peer education team.
5. Provide HIV prevention activities to small, medium, or large groups.
6. Provide condoms and syringes for free or at a subsidized price.
7. Refer employees to voluntary counseling and testing sites for sexually transmitted disease, anti-retroviral treatment, methadone treatment, or rehabilitation.
8. Develop program and policy of care and treatment for people living with HIV/AIDS, high-risk individuals, and their families.
9. Raise funding for HIV prevention from internal or external sources to continue training programs.
10. Collaborate with outpatient clinics within the communities.

A3. Peer Educators

Although management within surveyed enterprises generally supported the inclusion of an HIV prevention program within their workplace, only one-third of them stated that it was part of their responsibility as employers to provide such training to staff. Additionally, a lack of trained staff to support prevention training in the workplace posed an impediment to carrying out activities within these workplaces. As part of the best practice model (see Exhibit 2), the Workplace project included identification and training of peer educators as

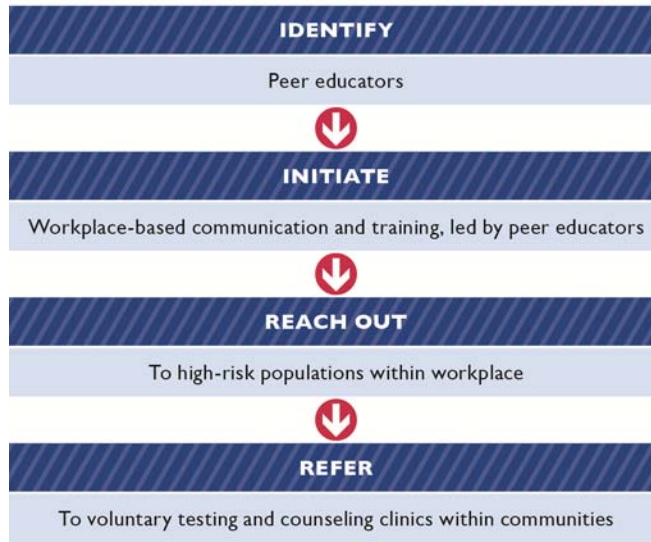
crucial aspects to the success of the prevention programs. Peer educators were responsible for delivering clear information regarding HIV/AIDS prevention, support, and care to hundreds, or sometimes thousands, of employees within the enterprises, and were important to the development of HIV-sensitive workplace policies, including days off for treatment, dispensing of medication, psychological counseling, and stigma-reduction activities. Taking on a peer educator role did not increase an employee's pay; however, it did increase the peer educator's responsibility on top of their day-to-day tasks. With the support of their employers, peer educators were chosen based on specific criteria, including a record of having attended training on HIV prevention and a willingness to carry out HIV prevention activities at their workplace. The Workplace project implemented multiple peer educator training courses, including training for master trainers, ultimately training more than 400 peer educators who provided HIV prevention training to more than 100,000 employees throughout the life of the project.

ALMOST

34,200

Number of high-risk employees reached by peer educators through small, medium, and large training sessions.

Exhibit 2. Peer Educators Referral Process



SUCCESS STORY

Company Provides Support to Employees Living with HIV/AIDS



When her employer, Ding Vang Co. Ltd, built an atmosphere of trust through their HIV/AIDS program, Ms. Lieu shared her story and became one of the company's most active peer educators.

Photo: VWEC

“With the help of my colleagues, I have a new motivation in my life. I continue to raise awareness about HIV/AIDS to help increase my colleagues knowledge about prevention, help them stay healthy, and provide resources if they become infected.”

**— Ms. Lieu,
program beneficiary**

Ms. Lieu, one of the more than 6,800 employees at the footwear manufacturer Ding Vang Co. Ltd, used to be afraid to tell her colleagues she is HIV positive. Now, with technical support from the USAID-funded Vietnam Workplace Project and Vietnam Women Entrepreneurs Council (VWEC), the company is implementing an HIV prevention and awareness program for their staff, and she feels empowered to share her story.

The company has developed an atmosphere of trust and increased knowledge through their HIV/AIDS program, which started in October 2008. They created a policy on HIV/AIDS prevention and mainstreamed this into their training and labor policies. Now, every new employee is trained on HIV/AIDS prevention in the workplace.

The company also created a Peer Educator Program (PE), with training provided by the USAID-funded Vietnam Workplace Project, which expanded from an initial team of four peer educators to more than 50. Members of factory production teams lead small group training sessions and help design company-wide awareness activities each year.

Ms. Lieu is one of the most active peer educators in the company, whose staff is made up mostly of women aged 22-28 (more than 83 percent). Peer educators help raise awareness through cultural activities, leaflets, and sport competitions. The PEs often host Q&A Lucky Draw sessions to address frequently asked questions, put on plays about the harmful effects of HIV/AIDS, and incorporate awareness into company holidays, such as International Women’s Day and National Day.

Ms. Lieu says, “When I learned about my situation, I was afraid of being dismissed. When the Vietnam Workplace Project helped the company become more supportive of people infected with HIV, I told the company I was infected. With the help of my colleagues, I have a new motivation in my life. I continue to raise awareness about HIV/AIDS to help increase my colleagues knowledge about prevention, help them stay healthy, and provide resources if they become infected.”

A4. Cost Sharing and Strategic Communication Activities

The Workplace project provided technical assistance as trainers and on-going capacity building support for the workplace-prevention programs and urged enterprises to engage in cost-sharing to cover the costs for peer educator-led activities, as well as information, education, and communication tools. Throughout the life of the project, peer educators organized individual, small, or medium group communication activities in order to reach 100 percent of those characterized as high-risk employees. Among approximately 97,000 employees in the 118 participating enterprises, more than 30,000 were estimated to be likely to engage in behaviors that categorized them as high-risk to contract HIV, all of which were estimated to be reached by peer educators during one or more communication activity. In addition, among those engaging in high-risk behaviors, employees were reached through large group communication activities about HIV prevention and reduction of stigma and discrimination to create supportive working environments for people living with HIV/AIDS and high-risk individuals.

Collaboration to Achieve Impact

From 2008 to 2013, the Workplace project collaborated with governmental, non-governmental, and USAID-funded projects. Partners included the Ministry of Health, Ministry of Labor – Invalids and Social Affairs, Vietnam Bank for Social Policies, USAID-funded Health Policy Initiative, USAID HIV/AIDS Prevention, Care and Treatment in Vietnam, and USAID’s Pathways for Participation.

Notable achievements accompanying these collaborations include the passage of Decree 122, the rollout of the National Guideline on HIV Prevention at Workplace, and ongoing technical assistance to the formulation of the policy on loan provision, and job placement for the targeted groups, continuing through September 2013.

A5. Workplace-based Condom Social Marketing

Findings from the enterprise baseline assessment also included information about the availability of condoms near and within workplaces. Although many respondents reported they knew of places to purchase condoms, a number also reported that there were limited outlets to purchase condoms surrounding their workplaces, dormitories, or rented houses. Beginning in 2009, the Workplace

\$765,000
USD

—————
Total estimated contributions by targeted enterprises to continue regular HIV prevention programs on their own after collaboration with the Workplace project.

project collaborated with Population Services International (PSI) to incorporate social marketing for condoms within participating targeted enterprises. More than 20 enterprises bought approximately 90,000 condoms from the collaborative condom social marketing service delivery effort led by PSI and DKT International, and distributed them to employees free of charge.

A6. Voluntary Counseling, Testing, Referral, Care, and Support

Among the 118 targeted enterprises, nearly half referred their employees, through interactions with peer educators or passive communication activities (such as pamphlets and posters), to community-based voluntary counseling and testing sites for HIV, sexually transmitted and

reproductive tract infection testing, resulting in nearly 4,000 referrals to external care facilities and more than 1,000 on-site referrals, all free of charge. Additional notable referrals include:

- More than 7,000 employees referred for sexually transmitted infection or reproductive tract infection.
- Antiretroviral treatment referrals for more than 30 HIV-positive employees.
- Mother-to-child transmission counseling completed for nearly 50 pregnant employees.
- Five employees enrolled in methadone maintenance treatment.
- More than 10 employees referred to drug detoxification and rehabilitation centers.

Exhibit 3: Proportion of Enterprises Implementing 10 Components of the Comprehensive Workplace Program

Workplace-Based HIV/AIDS 10-Step Program	Proportion of 118 Enterprises Implementing		
	Year 2	Year 3	Year 4
1. Establish an HIV/AIDS prevention committee	64.4%	90.7%	91.5%
2. Develop HIV/AIDS policies at the workplace	52.5%	88.1%	89%
3. Develop a work plan and budget	82.2%	94.9%	94.9%
4. Identify enterprise's peer education team	97.5%	100%	100%
5. Carry out HIV communication activities	71.2%	91.5%	99%
6. Carry out a social marketing condom program	100%	100%	100%
7. Referral to VCT, RTI/STI, ART, MMT or detoxification	23.7%	51.7%	54.2%
8. Provide care and support for people living with HIV/AIDS, high-risk individuals, and their families (among enterprises reported to have these individuals among their employees)	23.7%	51.7%	54.23%
9. Has quarterly report	100%	100%	100%
10. Collaborate with community to carry out HIV prevention and control activities	-	95.8%	100%

A7. Achievements in Advocacy for Workplace-Based Prevention Programs

Working in partnership with the Vietnam Administration for HIV/AIDS Control, the Workplace project co-chaired a technical working group to develop national guidelines on implementing HIV prevention activities into the workplace in Year 3. Ultimately approved by the Ministry of Health, the National Guideline for HIV Prevention at the Workplace was distributed to enterprises through the Vietnam Chamber of Commerce and Industry (see Annex C). Once the roll out of the national guidelines was complete, the Workplace project provided technical assistance to local chapters of the Vietnam Chamber of Commerce and Industry and provincial

AIDS centers in order to train staff in financial and activity planning so they could appropriately support enterprises' implementation of HIV prevention programs.

In Year 4, the Workplace project teamed up with the USAID-funded Health Policy Initiative project to successfully advocate for the Ministry of Finance's revision of Decree 122/2011 (see text box and Annex C) related to tax incentives for enterprises carrying out the workplace-based HIV prevention program, and recruitment of people living with HIV/AIDS and recovering drug users. This decree is a significant step in the governmental process to support paid employment for people living with HIV and high-risk individuals, including current and recovering drug users.

Passage of Decree 122

In collaboration with the USAID-funded Health Policy Initiative, the Workplace project promoted the passage of Decree 122, which provides tax exemptions for enterprises employing a labor force of which 30 percent are people living with HIV/AIDS, recovering drug users, or disabled, down from 50 percent in the previous regulation. This collaboration pioneered a multi-sector response to tax policy, linking the Ministry of Health with the Ministry of Finance in tax and health policy advocacy targeting people living with HIV, recovering drug users, and people with disabilities.

In 2012, the Ministry of Labor – Invalids and Social Affairs was tasked with collaborating with the Ministry of Finance, State Bank, and Vietnam Bank for Social Policies (VBSP) in order to develop a working mechanism and expand policy advocacy for Decree No. 16, expansion of loan provisions and job creation support for people living with HIV/AIDS and high-risk individuals. Through participation in a study tour to the Philippines, and in conjunction with the Workplace project, participating staff from the governmental ministries and banks were able to meet with successful microfinance institution CARD-MRI and gather key elements to strengthen future policy on loan provisions and employment support.

A8. Building Capacity of Provincial Vietnam Chamber of Commerce and Industry

The roles played by the provincial offices of the Vietnam Chamber of Commerce and Industry, and later the Vietnam Women Entrepreneur's Council, were crucial for the sustainability for HIV prevention programs in the targeted enterprises and future expansion of prevention programs. Strengthening the capacity of local chapters to implement staff training ensured that they were able to provide supervision to targeted enterprises in implementation of workplace-based HIV prevention program.

Through hands-on training, supervisory trips, and strategic communication instruction, nearly 60 provincial Vietnam Chamber of Commerce and Industry staff members were trained as master trainers to continue the Workplace project training programs within targeted enterprises, with the goal of expansion to additional enterprises in 2013 and beyond. By late 2012, the Vietnam Women Entrepreneur's Council took responsibility for the roll out of an official train-the-trainers program and the continued implementation of the National Guideline for HIV Prevention at the Workplace. The council continues to implement the training for 118 enterprises in seven PEPFAR provinces.



In 2011, enterprises that contributed significantly to HIV prevention were recognized during a ceremony led by the Vietnam Chamber of Commerce and Industry.

Photo: USAID

B. Corporate Social Responsibility

Building on successful outcomes with workplace-based HIV prevention programs, the Workplace project team was determined to underscore the importance of enterprises' continued commitment to training programs in the effectiveness of HIV-prevention training. By leveraging support within communities, local governments, and the enterprises, the Workplace project supported the institutionalization of corporate social responsibility programs in targeted provinces to sustain and expand programs and motivate enterprises to cover all associated costs for prevention programs. In particular, the Workplace project participated in activities to strengthen corporate social responsibility practices already put in place, including the following:

- Developed corporate social responsibility tools to encourage enterprises to provide increased funding for HIV programs within the enterprise and in the surrounding communities, working closely with the Vietnam Chamber of Commerce and Industry (see text box).
- Linked selected self-help groups and existing business development services to build capacity of self-help groups and encourage these groups to implement business development activities.
- Reached out to non-HIV-focused corporate social responsibility programs and networks to identify themes in their best practices.

C. At Work-Enabling Employment Environment

Achieving stable employment is an ideal way for people living with HIV and high-risk individuals to be economically independent, pay for health services, and retain structure within their day-to-day lives. In the project's employment component, different intervention models were implemented to address various employment needs among people living with HIV/AIDS and



Through funding provided by community enterprises dedicated to corporate social responsibility, beneficiaries were able to seek self-employment opportunities including animal husbandry.

Photo: Workplace project staff

Rewarding Dedication to Prevention

Twenty-six enterprises were honored between 2010 and 2011 for their continued commitment of time and resources to HIV/AIDS prevention. At events organized by the Vietnam Chamber of Commerce and Industry and the Vietnam Women Entrepreneur's Council, the awarded enterprises received in-kind gifts, including work equipment, as well as financial support.



Textile work was another self-employment opportunity made available by community enterprises dedicated to corporate social responsibility.

Photo: Workplace project staff

high-risk individuals, including vocational counseling, and hard and soft skills training.

In 2009, the Workplace project conducted labor market analyses (see text box) in Hai Phong, Ho Chi Minh City, and Hanoi to analyze the local labor markets and to identify and understand employment needs for people living with HIV/AIDS and high-risk individuals. The analyses also obtained data on the education level and training already received, and identified specific obstacles these groups face in the job market. Among the 381 respondents in Hanoi, for example, the analysis found the following:

**Labor Analyses Findings —
Perceived Barriers to Job Readiness**

- Poor health condition.
- Stigma and discrimination.
- No means of transportation.
- Working schedule conflicts with medical treatment schedule.
- No work experience.
- No experience in job seeking/application process.
- Lack of information about job opportunities.
- Low educational levels, lack of vocational skills.

- The unemployment rate among the groups was nearly 62 percent.
- About 25 percent of respondents reported actively seeking jobs; among those, none were considered job-ready.
- A small group, approximately 5 percent, were ready on the condition they received limited support and guidance to obtain employment.
- Forty-five percent were found to need significant support, including skills training.
- strengthening interventions to prepare them for employment.
- A significant majority (more than 90 percent) needed counseling and soft skills.

Based on the results of the labor market analyses, the Workplace project designed an intervention program focusing on preparation needs for beneficiaries to enter the job market, including the following steps:

- Collaboration with out-patient clinics and self-help groups to provide vocational counseling and psychological and social support.
- Training on life skills and employment-oriented soft skills, which included teamwork and communication.
- Development of an employment support network to maximize available social resources, such as vocational training centers, employment agencies, job fairs, and enterprises implementing HIV prevention programs and corporate social responsibility activities.
- Establishment of a network of employment supporters in self-help groups to ensure sustainability of the program.

“ At present, I am very happy at my job, which brings me stable income. It also makes my parents very happy. ”

**Ms. Tat Thuy
Huong**

**Employee and
Peer Educator,
Dai Viet Garment
Company**

- Counseling and support for employment retention, including counseling for HIV-positive and recovering drug user employees, employers, managers, and colleagues to create a supportive work environment without stigma.
- Development of a referral system to existing care and treatment health service providers to meet diverse health needs of project beneficiaries.



Soft skills became a focus of many training session in order to teach beneficiaries the importance of teamwork and communication in the workplace.

Photo: Workplace project staff

Implemented in Hanoi and Ho Chi Minh City, the vocational counseling and job referral program maximized job opportunities for more than 800 people considered high-risk and provided them with the greatest entry points into the job market while supporting employers and employees in successful recruitment, placement, and retention.

In Hai Phong, the project conducted training on small business start-up and business development, and connected people living with HIV/AIDS and high-risk individuals to existing businesses. The Workplace project also worked closely with emerging self-help groups in Hai Phong to select prospective clients within the community and build their capacity to continue to provide training and self-employment job opportunities to future clients. As a result, approximately 50 people accessed a revolving loan fund to fund income-generating activities, including animal husbandry, cleaning services, and mechanical repair. Additionally, collaboration with self-help groups in Hai Phong boosted the visibility of self-help groups and their role in targeted beneficiary outreach.



USAID
FROM THE AMERICAN PEOPLE

**HIV WORKPLACE
PROJECT**

SUCCESS STORY

Learning How to Start a Business

People living with HIV attend a business development training in Vietnam



Dũng proudly displays his work as he begins to draft a business plan.

Photo: Kevin Johnson

“I really love this training. Now I know who I am.”

**— Dũng,
training participant**

U.S. Agency for International Development
www.usaid.gov

Dũng, 28, wants to start a business. However, he feels that he does not have enough knowledge to begin. When he was younger, he used drugs quite frequently. Although he tried to be careful about the needles he used, he used one from a friend and later tested positive for HIV. Dũng is now drug-free. However, due to his situation and his lack of experience in business, he feels depressed.

To help gain the knowledge he needs to meet his goals, he recently attended a business development training workshop in Ho Chi Minh City. Funded by USAID, the workshop provided 20 people who are living with HIV or are recovering drug users with the basic skills necessary to start a business or improve their existing business, including how to write a business plan, organizational skills, and sales and marketing skills. Importantly, the training gave participants the opportunity to refine their business ideas and self-evaluate their own capacity in starting their intended businesses. The training also motivated participants to be willing to engage in suitable self-employment activities so that they become more self-confident and improve their image in the eyes of their family and society, helping to reduce stigmas against them.

As a result of this training, Dũng has gained a clearer understanding of how to start and run a business. He also knows what more he needs to learn. He would like to learn more about human resources, communications, and business planning. Knowing that there is much more to learn, Dũng is excited about developing these new skills.

In addition to giving participants the business skills they need, the training has helped them improve their self-image. As Dũng put it, “I really love this training. Now I know who I am.”

D. Innovation: Self-Employment and Improved Access to Credit

To address the gap in sustainable economic support for people living with and affected by HIV/AIDS, the Workplace project expanded activities to focus on models of mainstreaming lending to targeted populations in 2010. Based on findings

\$250-\$500
USD

—————
Average loan provided to M7 clients in Dien Bien.

from the 2009 Rapid Assessment and Situation Analysis, the project determined that through a comprehensive micro-lending program, people living with and affected by HIV/AIDS and high-risk individuals could achieve a stable quality of life and increase their likelihood of adherence to medical treatment programs, including antiretroviral programs and methadone maintenance treatment among recovering drug users.

Two pilot models were launched between May 2011 and June 2012 in PEPFAR-supported provinces, and were implemented in partnership with two Vietnamese microfinance institutions, TYM and the Vietnam Bank for Social Policies. Results of these two models showed commitment of local governmental organizations to support continuation of microfinance loans to targeted populations, and acknowledgement of the importance of self-help groups' outreach to prospective clients. In 2012, the Workplace project expanded these efforts in a public-private partnership model between the M7 Network and provincial AIDS center in an additional PEPFAR province (Dien Bien).

D1. Partnership with TYM

Liaising with international and provincial HIV-focused organizations, including FHI 360, provincial AIDS centers, out-patient clinics, and self-help groups, the Workplace project collaborated with TYM to expand their microfinance services to people living with and affected with HIV and high-risk individuals. The TYM model, which offers a full provision of financial and non-financial support, was implemented in the districts of Nghe An, Ha Noi, and Thai Nguyen provinces/city. After a year of intervention, major achievements included:

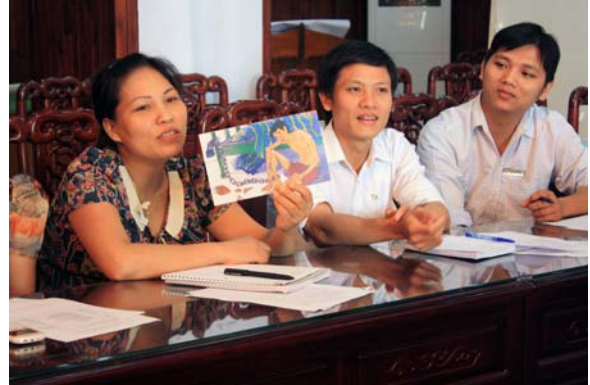
- Approximately 150 key managers and credit officers in TYM's main and branch offices were sensitized on HIV/AIDS to help reduce stigma. TYM has now included this target population in their information management system and client database.



A TYM credit officer participates in sensitivity training for lending to people living with HIV/AIDS.

Photo: Workplace project staff

- By end of 2012, more than 100 loans were provided to support income-generation activities of more than 80 target client households. Business activities included small business (grocery, rice, vegetable trading), animal husbandry (cattle, chicken, pigs), and client services (tailoring, food vending, small restaurants).
- One hundred percent of target clients received pre- and post-credit counseling and training on business start-up from TYM credit officers and local lenders.
- The loan repayment rate was 99 percent.
- Clients started regular savings practices, resulting in approximately \$13,000 total saved through December 2012.



Staff of TYM attended training sessions with Vietnam Workplace project staff to learn more about high-risk populations.

Photo: Workplace project staff

As a result of the successes identified with this model, TYM incorporated provision of microloans to high-risk individuals and people living with HIV/AIDS into their *Development Strategy by the Year 2015*. By the end of 2012, TYM contributed more than 130 million Vietnamese dong (VND) from their funding resources to continue lending to targeted beneficiaries.



USAID
FROM THE AMERICAN PEOPLE

**HIV WORKPLACE
PROJECT**

SUCCESS STORY

Microcredit Improves Lives of Women Affected by HIV



Ly tends to her first cow, purchased with funds provided by TYM in collaboration with the USAID Workplace project.

Photo: Workplace project staff

“The weekly repayment policy of TYM is motivation for me to save money. I also have a chance to learn from other members about using loans effectively.”

**— Ly,
TYM beneficiary**

In Nghe An, a northern central province of Vietnam where people rely on farming to live, Ly was looking forward to marriage until she contracted HIV from her husband. Because her husband’s family is poor, the majority of their earnings were spent on healthcare while their health was in decline. Ly was referred to Tinh Thuong One Member Limited Liability Microfinance Institution (TYM), a microfinance institution partnered with the USAID-funded Workplace-Based Prevention and Employment and Supportive Services for High-Risk Individuals in Vietnam project that provides microloans and other employment support services for women in high risk groups for HIV.

With VND 5 million (\$250) of her own savings, Ly borrowed an additional VND 5 million from TYM to purchase and raise a cow. She has also learned to save VND 10,000 a week thanks to counseling and skills on saving practices offered by the project. She decided to expand her business to include raising chickens, a promising source of income to support her aspiration of operating a small restaurant in the future. Proceeds of VND 15.5 million from the sale of her first cow made it possible for her to buy a younger cow and 50 chickens.

Since 2011, the USAID HIV Workplace Prevention Project has helped more than 40 HIV-affected women and has expanded access to microfinance services with an average loan of VND 7.5 million (USD \$375). The focus is on expanding small businesses such as livestock raising, tailoring, planting bonsai, purchasing scrap, and small-scale trading.

Today, Ly is being treated with anti-retroviral medicines and her health has significantly improved. Additionally, she works as a collaborator with the USAID HIV Workplace Prevention Project by giving program introductions at out-patient clinics and supporting new clients to secure microfinance services.

D2. Partnership with Vietnam Bank for Social Policies

As a financial lending arm of the national government, the Vietnam Bank for Social Policies was chosen to implement the Workplace project microfinance model to demonstrate government commitment to identifying employment opportunities and providing support for people living with HIV/AIDS and high-risk individuals. The Vietnam Bank for Social Policies model was implemented in three districts within Ho Chi Minh City and focused heavily on recovering drug users receiving methadone maintenance treatment. It relied on the participation of community-based social workers to reach out to prospective clients within the districts. The Ho Chi Minh City AIDS committee and FHI 360 actively assisted in screening prospective clients and referring them to a nearby VBSP branch, while the local organization Safe Living Company provided pre- and post-credit counseling to clients.



Project beneficiary Nguyen Van Sang now holds steady employment.

Photo: Workplace project staff

After a year of intervention, achievements from VBSP implementation included the following:

- Key leaders of Vietnam Bank for Social Policies in Hanoi and Ho Chi Minh City received sensitivity training on HIV/AIDS, recovering drug users, and stigma reduction.
- Community-based networks of social workers, self-help groups, and credit groups were trained on preliminary screening and referral processes to Vietnam Bank for Social Policies transaction offices.
- More than 100 loans were distributed to nearly 90 target client households, including more than 40 clients receiving methadone maintenance treatment. Business activities include small business (grocery, rice, vegetable trading) and production/services (shoe making, tailoring, food and soft drink vending, small restaurants).
- One hundred percent of target clients received pre- and post-credit counseling and training on business start-up from Safe Living Company staff and social workers.
- The loan repayment rate was 95 percent.
- Clients started regular savings practices, resulting in approximately \$13,000 total saved through December 2012.

\$400,000
USD

Approximate amount that the VBSP model leveraged in financial support from the Ho Chi Minh City People's Committee to expand the model from three Ho Chi Minh City districts to six in 2013 and beyond.

- This partnership model will contribute best practices for the planning and development of a large-scale, nationwide lending mechanism under Decree No. 16.



Microloan recipients are able to obtain financial as well as skills-based training to pursue self-employment opportunities, including motorbike repair.

Photo: Workplace project staff



USAID
FROM THE AMERICAN PEOPLE

**HIV WORKPLACE
PROJECT**

SUCCESS STORY

Bringing Recovering Drug Users Back into the Fold



Tran Van Lanh, a microfinance recipient, established a cleaning service company. He now managed 10 employees in Ho Chi Minh City.

Photo: Workplace project staff

“First, you should try to show the community that you are a productive person,” said Lanh. “The society, then, will never abandon you.”

During his bout with drug addiction, Tran Van Lanh never imagined he would end up establishing his own cleaning business. Now an entrepreneur managing 10 employees in Ho Chi Minh City, Mr. Lanh has curbed his drug addiction and successfully manages his family as well as his health.

In 2011, Mr. Lanh learned of a microfinance and employment services support program run through the USAID-funded Workplace-Based Prevention and Employment and Supportive Services for High-Risk Individuals in Vietnam project, in collaboration with Vietnam Bank for Social Policies (VBSP). He was a cleaner in big buildings, offices, and hotels then. The project provided him with training to improve his skills in starting and developing a new business, including advice on how to borrow money.

Once Mr. Lanh received a microloan from VBSP, the project team provided guidance on how to advertise his services and place a monetary value on his labor. He also received timely and frequent technical support and advice to identify obstacles and plan for the future development of his business.

“Since the day I joined the program and received a VND 20 million loan from the VBSP to start a business on my own, my life has changed for the better,” said Mr. Lanh. “I am very happy. I never thought I would be as happy and comfortable as I am now. My family and the community have a different attitude and treatment towards me.”

Mr. Lanh was recently interviewed for television in Ho Chi Minh City. The story noted that despite falling into drug addiction, Mr. Lanh is now reintegrated into the community and taking care of his family and health, including his wife and their new baby.

D3. Partnership with M7 Network and Community Finance and Resource Center

Between June 2012 and September 2012, the Workplace project expanded microfinance activities to the M7 Network (see text box) through a public-private partnership, in which government-funded provincial AIDS centers and local out-patient and methadone maintenance clinics collaborated directly with M7 to provide services to beneficiaries in Dien Bien Province. The Workplace project provided technical assistance in the training of M7 staff on sensitization to people living with HIV/AIDS and high-risk individuals, and assisted with setting up the referral mechanism for approved clients. In collaboration with self-help groups, district health centers, and provincial AIDS centers, more than 100 beneficiaries obtained access to M7 microfinance services.

What is the M7 Network?
 With technical support from the Community Financial Resource Center, M7 Network is the third-largest microfinance organization in Vietnam, encompassing eight credit-savings programs managed by local women's unions. M7 Network is a non-governmental organization and Workplace project partner dedicated to provision of financial support for the poor.

The M7 Network model will continue until the end of 2014 under the USAID-funded Pathways for Participation project. To ensure smooth handover of the model, the Workplace project has worked closely with Pathways for Participation technical staff to phase in capacity building activities in Dien Bien Province.

Exhibit 4: Key Indicators of Microfinance Activities

Particulars	Achievements			
	TYM	VBSP	M7/CFRC	Total
Number of people oriented/trained on HIV/AIDS, stigma reduction, and lending to people living with HIV/AIDS and recovering drug users	155	350*	75	580
Number of people oriented/trained on microfinance for people living with HIV/AIDS and recovering drug users	75	70	30	175
Number of people getting pre-credit counseling and business related training and referred to microfinance activities	143	127	64	334
Number of people getting microloans for economic activities	72	88	60	220
Total loans disbursed to target clients (\$USD)	22,700	70,070	12,190	\$104,960
Total savings balance from target clients (\$USD)	3,700	13,016	1,595	\$18,311
Repayment rate (%)	98%	95%	100%	98%

*This includes the number of people (135) oriented/trained in the three expanded districts in Ho Chi Minh City where lending activities will be funded by the government of Vietnam in 2013.

D4. Sustainability of Models

To successfully promote the TYM, Vietnam Bank for Social Policies, and M7 Network microfinance models as sustainable efforts, the Workplace project actively shared achievements and lessons learned by regularly engaging with participating agencies and local government organizations through meetings, workshops, and assessments. The findings of pre-credit surveys completed for the TYM and VBSP models were shared widely with concerned partners through

public workshops. The project also continued engagement with the Ministry of Labor – Invalids and Social Affairs through the Department of Social Vice Prevention to develop a working mechanism to implement Decree No. 16, which aligns governmental ministries in promotion of HIV/AIDS prevention programs, and is a key step in promoting policy advocacy to support high-risk individuals and people living with HIV/AIDS.

In late 2012, the Workplace project facilitated two study tours to identify best practices implemented by the Vietnam Bank for Social Policies in Ho Chi Minh City and the M7 Network model in Dien Bien, as well as those implemented in the Philippines, a worldwide leader in microenterprise development. Participants in 2012 study tours included representatives of the Department of Social Vice Prevention, Ministry of Finance, Vietnam Bank for Social Policies, and State Bank of Vietnam. On a local level, the study tour activities identified successful capacity building activities to link the new model with the M7 Network directly with provincial AIDS centers in Dien Bien, ultimately laying the foundation for a sustainable and successful partnership.

Chapter III: Next Steps and Lessons Learned

A. Next Steps: How Some Project Activities Will Carry On

Throughout project implementation, the Workplace project held or participated in knowledge-sharing events, including presentations, conferences, and assemblies in order to evaluate and promote the project's best practices and identify strategies required for successful implementation beyond 2013. The Workplace project staff also identified key implementers and counterparts, working with them on a regular basis to successfully position them to take over project components once the Workplace project ended.

A1. Workplace-Based HIV/AIDS Prevention and Supportive Services

“ In my opinion, this is an effective project which brings people living with HIV/AIDS and recovering drug users back to their normal lives and makes them more self-confident in the community. ”

Mr. Tran Van Tien

**Deputy Director,
Vietnam Bank for
Social Policies**

Building on the successful relationship developed with the Vietnam Chamber of Commerce and Industry, the Workplace project shifted technical activities supporting development of workplace-based HIV/AIDS prevention policies to the Vietnam Women Entrepreneur's Council, an arm of the Vietnam Chamber of Commerce and Industry, in 2012. As an organization dedicated to the promotion and advancement of women in paid-employment positions, the Vietnam Women Entrepreneur's Council is committed to incorporating gender-mainstreaming training, as well as stigma reduction strategies, in the workplace-based prevention programs and peer educator training events.

Since taking over the technical activities in 2012, the Vietnam Women Entrepreneur's Council was able to expand provision of services in enterprises within PEPFAR provinces, as well as incorporate the workplace-based prevention model into their long-term and national strategy.

A2. At Work-Enabling Employment Environment

Self-help groups provided crucial support to beneficiaries seeking employment by providing them with the training and support to seek paid- and self-employment opportunities within their community. Workplace project counterpart Center for Supporting Community Development Initiatives is continuing their role by empowering high-risk individuals and replicating proven best practices.

A3. Self-Employment and Improved Access to Credit

The involvement of full-fledged microfinance institutions in providing economic strengthening support for vulnerable groups, particularly people living with HIV/AIDS and high-risk individuals, is seen as a sustainable approach, leveraging support and funding from other sectors together with HIV-focused organizations in the fight against HIV. As the Workplace project

ends, the microfinance models will continue through TYM, Vietnam Bank for Social Policies, and the M7 Network.

Provision of microfinance services to HIV-infected and affected populations will be incorporated in TYM's development strategy by the year 2015, and will continue to be a priority for this microfinance organization. TYM will continue and expand services for this target group using its own funding resources in the areas with high HIV prevalence. By the end of March 2012, TYM contributed 134 million VND from their own funds to provide microloans to the target clients of the TYM model.

In 2013, Vietnam Bank for Social Policies will expand microfinance services offered to high-risk individuals in Ho Chi Minh City by more than \$400,000. This expansion will spread to encompass three new districts in Ho Chi Minh City.

Based on initial results of implementation of the TYM and Vietnam Bank for Social Policies models, the Workplace project has successfully negotiated with M7 Network to join in the public-private partnership model and commit counterpart funding of \$600,000 in 2013 and beyond to secure resources for lending to the project's target groups of people living with HIV/AIDS, high-risk individuals, and their family members.



A number of beneficiaries capitalized on their successes, including Mr. Lanh, who recently expanded his business.

Photo: Workplace project staff

A4. Policy Advocacy and Handover of Best Practices and Key Training Tools

During the final year of implementation, the Workplace project identified prospective policies that future projects and efforts might target. Through continued engagement with the USAID-funded Pathways for Participation project and non-governmental organizations, the Workplace project set the foundation for continued changes in national policy to support employment and care services for people living with HIV/AIDS and high-risk individuals.

B. Lessons Learned from Work with Stakeholders

Through strategic communication campaigns, peer educators have the power to reach hundreds, and sometimes thousands, of colleagues with health care and HIV/AIDS prevention information; however, punctuating the importance of employees' health remains a selling point for enterprises to maintain and expand HIV prevention programs. By gaining enterprise support to implement prevention programs, peer educators are empowered to share information and resources with staff members.

Stigma directed toward people living with HIV and high-risk individuals was the greatest obstacle the Workplace project faced in negotiating with partner microfinance institutions. As a result, the project faced difficulty in persuading microfinance institutions to agree to provide full loan packages to people living with HIV/AIDS, especially when requesting packages that would

include micro insurance services. Providing up-to-date information on HIV/AIDS treatment to microfinance managers and staff was found to be one solution to this problem. The Workplace project staff were able to help partners better understand the target groups and the potential, related risks.

In implementing microfinance programs for people living with HIV/AIDS and high-risk individuals, the Workplace project found it essential to include an effective pre-credit screening mechanism to ensure appraisal of potential borrowers' backgrounds, including family support system, health treatments sought, and credit history. Completing background checks proved important to conveying the message that HIV/AIDS-affected and high-risk population clients follow the same rules as other loan recipients, and that the checks are possibly a decisive factor to reduce sigma and ensure the effective use and repayment of microcredit.

Table of Contents — Annexes (CDs, inside back cover)

Annex A. Success Stories and Project One-Pager

Annex B. Project Studies, Surveys, Report

Annex C. Project Policy Advocacy Efforts

Annex D. Technical Assistance Packages for Local Counterparts

D1. Workplace Prevention Component

D2. Job Placement Component

D3. Microfinance Component