



SMARTWORK
The Workplace Response to AIDS

THE VIETNAM COMPONENT OF AN
INTERNATIONAL HIV/AIDS WORKPLACE EDUCATION PROGRAM

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PROJECT PLAN

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AED •
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LIST OF ACRONYMS

ADB	Asian Development Bank
AED	Academy for Educational Development
AIDS	Acquired Immune Deficiency Syndrome
AusAID	Australian Agency for International Development
BRTA/LRTA	Business/Labor Response to AIDS
CARE	Committee for Assistance and Relief Everywhere
CDC	Centers for Disease Control
CIDA	Canadian International Development Agency
DFID	Department for International Development
DOL	Department of Labor
DSEP	Department for Social Evils Prevention
EC	European Community
FHI	Family Health International
GTZ	Gesellschaft für Technische Zusammenarbeit
HIV	Human Immunodeficiency Virus
IDU	Intravenous Drug User
IEC	Information, Education, Communication
ILO	International Labor Organization
INGO	International Non-Government Organization
MOLISA	Ministry of Labour, Invalids and Social Affairs
NASB	National AIDS Standing Bureau
NPIN	National Prevention Information Network
PAC	Provincial AIDS Committee
PASB	Provincial AIDS Standing Bureau
PATH	Program for Appropriate Technology in Health
PCG	Project Coordination Group
PLWHA	Person/People Living With HIV/AIDS
PMG	Project Management Group
SMARTWork	Strategically Managing AIDS Responses Together
STI	Sexually Transmitted Infection

TAB	Tripartite Advisory Board
UNDP	United Nations Development Program
UNDCP	United Nations Drug Control Program
UNAIDS	Joint United Nations Program on HIV/AIDS
USAID	United States Agency for International Development
VCCI	Vietnam Chamber of Commerce and Industry
VGCL	Vietnam General Confederation of Labor
WHO	World Health Organization

PROBLEM STATEMENT

Official statistics from the Ministry of Health of the Socialist Republic of Vietnam indicate that Vietnam has a relatively low prevalence of HIV/AIDS infection (a cumulative total of 46,334 HIV positive persons and 6,708 reported AIDS cases)¹ as of March 2002. It is important to note that these figures represent only those people for whom it is a legal requirement to be tested (e.g., sex workers sentenced to a period of social rehabilitation in a state institution). However, due to inaccuracies in the methods of data collection used, the misreporting and non-reporting of HIV test results, AIDS infections, and deaths; and the significant exponential increase in the numbers of people with HIV/AIDS over the last twelve months alone (close to 33%), the magnitude of the problem is much greater than these statistics would indicate. The National AIDS Standing Bureau (NASB) has estimated the real number of infections to be closer to 200,000 persons, and UNDP estimates that an additional 300-350,000 people will be infected with HIV in the period 2001-2006.²

As a proportion of all transmission, the transmission of HIV through intravenous drug use has increased in recent years with Ministry of Health statistics indicating 60.48% of all cases currently within this category.³ The estimates of some other international non-governmental organizations (INGOs) working in the field of HIV/AIDS prevention and awareness put the figure as high as 65%. Sexual transmission largely occurs in the heterosexual community and mother to child transmission has shown some increase in recent years. Transmission through unsafe blood supplies is low. All 61 provinces of Vietnam report HIV infections and AIDS cases. Ho Chi Minh City has the largest number of HIV infected people and AIDS cases (9,237 and 1,047 respectively) followed by Quang Ninh (3,347 and 282), Hai Phong (3,098 and 86) and Hanoi (2,955 and 169).⁴ All of these locations possess a heavy concentration of manufacturing, service and primary industries.

In summary, the epidemiological picture of HIV in Vietnam reveals a rapid increase in the spread of HIV in the context of, what the government agencies charged with HIV/AIDS prevention admit is, a paucity of accurate primary data. The means of transmission is also changing with intravenous drug users (IDUs) now making up the majority of HIV infected people. As narcotics, such as heroin, continue to fall in price and the behavior of users changes (i.e. a shift from smoking heroin to injecting), so too does the risk of HIV infection amongst this group of predominantly young people. The risk to the wider community and the workforce has grown concomitantly and both government and employers are now beginning to pay attention to the need to confront HIV/AIDS in the workplace.

Sharing borders and regional trade routes with a number of countries within the region that already have a significant HIV/AIDS management challenge (e.g. Cambodia) contributes to the overall threat of further growth in the spread of HIV. Additionally, Vietnam possesses a very large internal migrant workforce and a significant highly mobile population. The majority of

¹ Report of the AIDS Prevention Division of the Ministry of Health in *Lao Dong* (Labor) 27/3/02.

² USAID Country Profile Vietnam: HIV/AIDS in Vietnam and USAID Involvement September 2001

³ Report of the AIDS Prevention Division of the Ministry of Health 28/12/01

⁴ Report of the AIDS Prevention Division of the Ministry of Health 28/12/01

workers in large manufacturing enterprises, for example, are not residents of the locations where many of these enterprises operate. Away from the normal familial and social environment, lacking awareness of reproductive health issues, and earning a relatively large amount of stable income, migrant workers and members of transient populations represent one of a number of at risk groups. There is also a broad lack of awareness of the means of transmission and prevention of HIV and an acute degree of stigmatization and discrimination associated with HIV and positive people. These factors, coupled with systemic deficiencies in the care and treatment of people living with HIV/AIDS, underscore the persistent need for a comprehensive approach to prevention, support, and policy development.

The National AIDS Standing Bureau (NASB) has identified four broad priority areas for the implementation of programs in HIV/AIDS prevention and awareness.

1. Young migrant workers in industries such as construction.
2. Factory-based workers. The difficulties in accessing this group are many and include a lack of corporate resources, expertise and time available to conduct programs within tight production schedules.
3. Vietnamese export migrant workers. This growing sub-sector of the Vietnamese workforce receives little if any information regarding HIV/AIDS either prior to departure or in receiving countries.
4. Foreign investment enterprises. A lack of access to these enterprises is deemed as the main barrier to the implementation of programs.

The SMARTWork [Strategically Managing AIDS Responses Together] Vietnam program will work within industry sectors and key locations to address these priority areas in partnership with the relevant departments of the Ministry of Labor, Invalids and Social Affairs, trade unions and labor organizations and other key actors at the national and provincial level working to manage HIV/AIDS in Vietnam.

BACKGROUND

The first case of HIV was detected in Ho Chi Minh City in 1990. In the period following, up until mid-1993, only 11 additional cases were detected.⁵ The majority of these early cases were related IDUs but by the late 1990's, IDUs as a proportion of all HIV cases had declined before rising again during the last 3 years. The numbers of cases increased steadily from mid-1993 until the last quarter of 1997, when a sharp increase was recorded, particularly in the north and central regions.

The statistics collected through the sentinel serosurveillance system applied in Vietnam indicate that HIV/AIDS is concentrated in high-risk groups (with IDUs making up the largest proportion of all cases). The absence of more comprehensive testing and data collection methods and voluntary counseling and testing contributes to a lack of verifiable data about the extent of HIV/AIDS in the wider community but estimates of the real number of cases place these at over 200,000 persons.

There are differences in the pattern of the epidemic within Vietnam. In the northern and central regions, the incidence of infection is highest amongst IDUs. In the south, there are two distinct patterns. One shows a high incidence among IDUs in Ho Chi Minh City and Baria-Vung Tau while the second indicates heterosexual prevalence within the provinces of the Mekong Delta and in provinces bordering Cambodia. By age, the most significant group impacted by HIV/AIDS are people in the 18 to 35 age-range, i.e. those in their most economically productive years.

The initial response of the national government to the HIV/AIDS epidemic was rapid, although only modest financial and human resources were first committed in 1993. Presently, of all national health programs, HIV/AIDS attracts the highest proportion of government funding, indicating the gravity with which the government regards the problem.⁶ There have been a series of Short and Medium-Term Plans, and a National Strategic Plan, developed since 1989. The current National Strategic Plan places emphasis on: (a) promotion of safe sexual behavior, (b) provision of condoms, (c) encouragement of sexually transmitted infections (STI) patients to seek treatment, (d) provision of safe and efficient STI care services, (e) implementation of an education program for IDUs, (f) assurance of safe blood transfusion, and (g) comprehensive care for people living with HIV and AIDS (PLWHAs) and their families. The existence, however, of two separate bodies at the national level under the Ministry of Health (the National AIDS Standing Bureau and the AIDS Division of the Ministry of Health) with responsibility for a broad range of sometimes competing functions does lead to some duplication of effort and inefficiencies. Additionally, since 1993, HIV/AIDS has been associated with the prevention of what are termed *social evils*, i.e. prostitution, narcotic drug use and gambling. This association was not made formal until the end of Y2000 when the Department of Social Evils Prevention (DSEP) was created within the Ministry of Labor, Invalids and Social Affairs (MOLISA), together with provincial level bodies designed to carry out similar functions in the management of social evils. At the time, the creation of this formal link between the health, social and

⁵ National AIDS Standing Bureau of Vietnam [HIV/AIDS Country Profile](#) p.9

⁶ National AIDS Standing Bureau of Vietnam [HIV/AIDS Country Profile](#) p.29

economic issues surrounding the epidemic and the regulation of ‘evil’ behavior created great concern among all sectoral donors, INGOs and some government bodies. This concern remains due to the real potential for stigmatization inherent in the use of such a rubric to cover all matters related to the epidemic.

The legal framework governing HIV/AIDS in Vietnam consists of a series of Ordinances, Decrees, Decisions and Circulars issued by various ministries and the Office of the Prime Minister. Other Decrees and codified law apply to Social Evils Control (specifically to drug use and trafficking and prostitution). There is an absence of articles related to HIV/AIDS in the Labor Code of Vietnam (one of the most significant pieces of legislation for the whole nation) and in the regulation of medical practice by the Ministry of Health within the country. Compulsory testing applies to new military recruits⁷ and all sex workers and drug users who enter the state rehabilitation system. An HIV test is also required for all non-Vietnamese seeking to marry a Vietnamese spouse. The official statistics regarding the number of infections are extrapolated from the data collected in these tests.

At the provincial level, each province has established in recent years either a Provincial AIDS Committee or a Provincial AIDS Standing Bureau with some support from the NASB. These provincial committees and bureaus are linked to district committees and together they undertake a limited scope of work confined primarily to information, education, and communication (IEC) activities. In some provinces where HIV/AIDS is an acute issue and strong personalities in leadership roles exist, the local AIDS Committees are strong and effective (e.g. Ho Chi Minh City, Quang Ninh province) and undertake a broad range of activities in cooperation with government and INGOs. In others, the lack of provincial financial and human resources dedicated to this most recent of provincial administrative bodies results in a very low capacity to undertake prevention and awareness work, training and care and support for PLWHAs. However, it is likely that a greater degree of support will be provided at the provincial level to strengthen the capacity of committees and bureaus in the near future.

Mass organizations of the Communist Party of Vietnam are also active in campaigns to educate and inform the community about HIV/AIDS, often with the support of international donors. The Ho Chi Minh Communist Youth Union, the Women’s Union and the Vietnam General Confederation of Labor are all currently undertaking provincially based projects.

There is currently significant bilateral and multilateral donor support for HIV/AIDS programs in Vietnam and a number of INGOs and local organizations specializing in prevention and awareness programs. The Centers for Disease Control (CDC) and the United States Agency for International Development (USAID) are two of the most active and recent donors to work in this field. CDC’s Division of HIV/AIDS Prevention, under the Leadership and Investment in Fighting an Epidemic (LIFE) Program, established an office in Vietnam. By 2001, CDC had supported 11 operations research projects identifying major HIV/AIDS prevention needs and trained more than 300 health care workers in HIV prevention activities. CDC has also signed a 5-year, USD \$10 million cooperative agreement for support in building an integrated HIV program focusing on prevention, care and support, and capacity building in 40 of Vietnam’s 61

⁷ A period of three years military service is required of all males in Vietnam over the age of 18.

provinces.⁸ USAID funds activities that are complementary to those undertaken by CDC. With funding of approximately USD \$2 million per year, USAID has been funding prevention activities through INGO partners. These include Family Health International (FHI), DKT, CARE International, Save The Children US, Program for Appropriate Technology in Health (PATH) US, Population Council and new activities with the International Centre for Research on Women and a policy development activity focusing on PLWHAs through the Futures Group POLICY Project.

The Australian government through the Australian Agency for International Development (AusAID) has provided over \$5 million for prevention and support programs in Vietnam. Much of this funding has gone to INGOs and United Nations Development Program (UNDP) for a range of prevention, support and capacity building activities. AusAID funded projects also focus on harm reduction among IDUs, regional HIV/AIDS prevention and sexual health training and most recently, peer education and care and support activities carried out through Vietnamese local organizations.⁹

To date, the Canadian government has provided support to two STI clinics in Ho Chi Minh City in the period 1999-2001. Currently, The Canadian International Development Agency (CIDA) is planning a new HIV/AIDS initiative for Vietnam and other countries in the region. Working with the British Columbia Center for Disease Control, this project focuses on assisting low-income sex workers in three Mekong Delta provinces and at risk youth.

German assistance in the health sector is considerable with \$25 million to be spent over the period 2001-2004, of which an additional \$3.5 million has been committed for HIV/AIDS programming through Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ). GTZ's HIV/AIDS/STI projects have concentrated on peer education and outreach activities promoting safe behavior among high-risk groups and capacity building for Provincial AIDS Committees (PACs) and Provincial AIDS Standing Bureaus (PASBs). One key activity assisting in the process of capacity building has been the production of detailed HIV/AIDS prevention and care kits for all PACs/PASBs in Vietnam and the publication of seven detailed guideline documents covering care and support for PLWHAs, counseling, communication activities, non-formal education for IDUs, methods of condom distribution, non-formal education for sex workers, and IEC production.

Additional support for projects and government programs in HIV/AIDS prevention comes from the governments of Japan, the Netherlands, Sweden and a large-scale program by the British government currently being developed through Department for International Development (DFID) that will focus on non-discriminatory policy development and harm reduction. Multilaterals are also active with the Asian Development Bank (ADB), European Community (EC), United Nations Drug Control Program (UNDCP), Joint United Nation Program on HIV/AIDS (UNAIDS), United Nations Children's Fund (UNICEF), World Health Organization (WHO), World Bank, and United Nations Development Program (UNDP) all providing varying

⁸ United States Agency for International Development Vietnam Office, Donor Mapping

⁹ The term 'local organization' is used here as there is not yet any legal framework for the operation of domestic non-government organizations.

degrees of assistance, much of it concentrated at the provincial level. UNDP in particular is now focusing greater efforts on HIV/AIDS prevention and awareness.

Currently, there are three main donors within Vietnam providing funding for workplace-based HIV/AIDS initiatives and a small number of non-Vietnam based donors. The largest of these is AusAID with funding of approximately \$600,000 for the project 'Confronting AIDS in the Workplace' conducted by Committee for Assistance and Relief Everywhere (CARE) International in Vietnam in Quang Ninh province. The Ford Foundation has funded the Vietnam Chamber of Commerce and Industry (VCCI) to assist it in the formation of the Vietnam Business Alliance Against HIV/AIDS and to undertake capacity-strengthening activities in 10 provinces. There has been some cooperation with the Thai Business Coalition on AIDS and VCCI towards the creation of this local peak employer body to address HIV/AIDS at a management and worker level but this initiative has been slow to get off the ground and has yet to bear fruit. Potentially, such a body could be both a service provider to employers of training and awareness programs, galvanize business resources for the sustainable support of HIV/AIDS prevention and support activities in the workplace and engage in dialogue with government about a broad range of solutions to the economic and social costs of the pandemic. USAID is currently funding NGO Networks for Health (PATH US, CARE International and Save The Children US) to undertake an 18-month project focusing on prevention and awareness in the tourism and mineral industries in Lao Cai province. The value of this project is approximately \$320,000. Proportionally to both their overall individual program budgets and to the amount of funding expended nationally by all donors per annum in the area of health, funding to workplace-based programs is very small. The World AIDS Foundation provided some small scale funding to CARE International for its project in Quang Ninh province in Y2000 and Global Alliance is currently working in the Vietnam General Confederation of Labor in the implementation of a workplace-based small scale reproductive health project in the south which has a significant HIV/AIDS prevention component.

The main INGOs undertaking workplace-based programming are CARE International and FHI. CARE International was the first INGO to undertake workplace-based projects and has concentrated on individual employers within manufacturing and primary industries (confectionary, shoe manufacturing and coal and apatit¹⁰ extraction respectively) primarily in the north. In the case of the 'Confronting AIDS in the Workplace' Project in Quang Ninh province, there has been significant support from the management of the majority of the companies involved (over 20 in total) with some making commitments for the use of their own resources to ensure sustainability of the project. FHI's program is more broadly concerned with prevention and awareness within small and 'non-traditional' workplaces such as street barbers, motorcycle taxi drivers and karaoke bars.

Sound foundations exist for the implementation of the SMARTWork program in Vietnam. There is a genuine commitment on the part of the Government of Vietnam to address many (but not all) issues related to HIV/AIDS and to continue to strengthen the level of knowledge and awareness within the community. There is also a keen interest in the implementation of an integrated workplace-based approach by individual ministries and mass organizations.

¹⁰ Apatit is a form of superphosphate used in the manufacture of fertilizers.

SMARTWork will also introduce a novel approach to the country in terms of workplace HIV/AIDS initiatives in utilizing the tripartite framework of engaging government, labor groups, and employers. Vietnam possesses a large and well-educated workforce, receptive to the learning of new knowledge and skills. The large scale of many state and foreign owned enterprises is both a challenge and an advantage to this project. A challenge because the training models introduced for workers and management will need to reach tens of thousands of workers. An advantage because in reaching so many, the intent of the project to target as many workers and members of management as possible will be achieved. Models of workplace-based programs were first introduced in 1997 and continue to be implemented. Elements of the mass media have focused attention on HIV/AIDS issues in considerable detail and in support of the acceptance of PLWHAs. Their efforts, however, are also undermined by the more ‘sensationalist’ and popular print and electronic media, which can too often demonise PLWHAs and reinforce the notion that HIV/AIDS is a ‘distant’ problem for the Vietnamese community.

PROGRAM APPROACH AND STRATEGY

USDOL awarded the Academy for Educational Development a USD \$9 million cooperative agreement to implement an international HIV/AIDS workplace education and prevention and program. The AED component of the USDOL program is entitled SMARTWork (Strategically Managing AIDS Responses Together), and is being implemented in six countries (Ukraine, Vietnam, Haiti, Dominican Republic, Nigeria and Zimbabwe).¹¹ The approach calls for working with government, labor, and employers, in a tripartite structure to implement and/or improve workplace HIV/AIDS prevention and education, and reduce stigma and discrimination through policy development and implementation of workplace programs. The program seeks to encourage both employers and unions to implement programs based on social responsibility, workers rights, and economic effectiveness.

As a result of research into the needs of individual employers across the three main corporate structure types in Vietnam (State-Owned Enterprises, Joint Ventures and 100% Foreign Invested Enterprises), the program will:

- Prepare company and union profiles that are representative of the three main corporate structure types and manufacturing, primary and service sectors, serve as models for workplace intervention, and/or highlight the opportunities for organizations to establish HIV/AIDS programs and policies.
- Mobilize a national tripartite effort to expand HIV/AIDS programs and policies to reduce stigma and discrimination in the workplace, bringing together government, unions and business.
- Provide materials in Vietnamese that can guide and assist in the creation of workplace HIV/AIDS programs and policies, reduce stigma and discrimination and contribute to behavior change.
- Work collaboratively with (and train as needed), government, employers, labor and other partners to establish or improve HIV/AIDS related workplace programs and policies within targeted worksites, principally through presentations, workshops and technical assistance. Targeted worksites will include the worksites of the tripartite partners as well.
- Work collaboratively with government, employers, labor and other partners to strengthen their capacity to offer follow-on assistance to organizations creating workplace programs and policies.

¹¹ While tailored to the specific needs and circumstances of the countries and their business sectors, the Program has the following fundamental components: (1) preparation of company profiles that are representative of target sectors, serve as models for workplace intervention, and/or highlight the opportunities for organizations to establish HIV/AIDS programs and policies; (2) provision of materials that can guide and assist in the creation of workplace HIV/AIDS policies and programs; (3) working collaboratively with (and training as needed) business, labor, and other partners to establish or improve HIV/AIDS-related workplace programs and policies, principally through presentations and workshops; (4) working collaboratively with business, labor, and other partners so that they (with the project as well as necessary) will offer follow-on assistance to organizations creating workplace programs and policies; and (5) nurturing the creation of sustainable, in-country networks that can assist and encourage workplace-based HIV/AIDS programs.

- Nurture the creation of sustainable in-country networks that can assist and encourage workplace-based programs.

The central strategic partnership necessary to make SMARTWork function will be established with relevant national and provincial government, corporate actors, and labor representatives at the provincial and central levels. Additionally, the collaboration of mass organizations, INGOs, multilateral agencies, regional organizations, and local organizations having a particular focus on HIV/AIDS prevention and awareness will also be sought. Central to these collaborative relationships will be the partnership between MOLISA and AED, as the program implementer of the U.S. Department of Labor. Within MOLISA, AED will collaborate with the Department for Social Evils Prevention, the International Relations Department, the Department of Labor and Employment Policy, and the General Department of Vocational Training. Of equal importance will be the collaboration of trade unions at the central and provincial levels and that of groups representative of employers.

The formal launch of the project will include the signing of a tripartite agreement between government, trade unions, and employer partners that will form the basis of tripartite collaboration for the life of the project. This agreement will identify how the three parties will collaborate, meet, share information, and focus on the achievement of the common project goals that are ultimately beneficial to labor, management, and the wider community.

The project will work at a number of different levels to provide comprehensive training, policy development, and capacity building. Specifically, with:

- Twenty companies at the corporate level. These companies will represent the three main corporate structure types and be drawn from the manufacturing, primary, and service sectors.
- Trade unions affiliated with the Vietnam General Confederation of Labour at the provincial and central levels.
- Provincial authorities and local cadres of MOLISA working in the area of HIV/AIDS prevention, awareness and care for PLWHAs in Thai Binh, Dong Nai, Quang Nam, Hai Phong, and Ba Ria-Vung Tau provinces.¹²
- MOLISA at the central level to engage the Ministry and other government departments in an active and productive dialogue concerning non-discriminatory workplace based policies and the potential for integration of these into appropriate legal frameworks.
- MOLISA at the central level to support HIV/AIDS workplace prevention and education programs among its own civil servants as well.
- MOLISA at the central level to build the capacity of the Ministry to deliver workplace-based training programs as both an integral component of intra-ministry training and education programs and for employers.

¹² These provinces will also be the locations for corporate based project activities. These provinces were selected because of the significant industrial activity within them, the incidence of HIV/AIDS with each, the relative capacities of provincial authorities and to make this program truly national by incorporating the three main geographic regions of Vietnam.

- Relevant domestic and international business and employer groups and associations, INGOs, and local organizations working to maintain HIV/AIDS prevention, awareness and discrimination reduction on the employer and government agenda.
- Employer groups at the central and/or industry sector level.

The goals of the project, directed at achieving the above, are:

PROJECT GOAL 1: INCREASE UNDERSTANDING OF THE EXISTING WORKPLACE HIV/AIDS PREVENTION EFFORTS AND POLICIES IN KEY SECTORS OF THE ECONOMY AND PREPARE COUNTRY NEEDS ASSESSMENT.

Objective 1.1: *Profile existing practices across twenty companies (encompassing policies and programs) in a sample of major enterprises to be targeted by the program.*

These profiles will demonstrate the current risks associated with ineffectual, discriminatory, or non-existent HIV-related policies and practices together with the opportunities, benefits, and dividends for labor and management that result from the establishment of good policies and practices. The profiles will provide the baseline data for evaluation of the project and inform the design of workshops and presentations for each of the target companies. Particular attention will be paid to current human resource practices, medical capacity (including counseling provision) and the degree to which individual companies are cognizant of the rights, productivity, and legal issues associated with HIV/AIDS within Vietnam.

The company profiles will be developed following the guidelines and research instruments being prepared by AED. Based on these profiles, appropriate policies, and prevention and support programs will be developed and publicized. SMARTWork project staff in collaboration with relevant staff from MOLISA and trade union officials will carry out these activities.

Objective 1.2: *Review country-specific studies on HIV/AIDS policies and practices that may affect workplace-related programming.*

A comprehensive literature review of worker and management knowledge and prevention and support practices within Vietnam will be conducted. Materials produced for prevention education programs will be collected and analyzed as part of this review. An important additional component will be a review of the policy/legal framework for HIV/AIDS management in Vietnam conducted with the Department of Labor and Employment Policy of MOLISA. Consideration will also be given to supplementing this literature and policy/law review with information gleaned from regional prevention and awareness practices through collaboration with the International Labor Organization and the Thai Business Council on HIV/AIDS.

The review will be complemented by a sample survey questionnaire administered to workers and management within several, if not all, of the twenty profiled companies. The combination of a thorough and contemporary review of practices and worker and management knowledge will be

invaluable to the design of prevention and support programs and inform policy dialogue with government, union, and corporate sector partners throughout the life of the project.

Objective 1.3: Identify knowledge and attitudes of workers and managers regarding HIV/AIDS and workplace-based policies and programming.

Focus group discussions, in-depth interviews and a KAPB survey will be employed to identify the level of knowledge of labor and management of HIV/AIDS. The data collected through this activity will be compiled in reports that will both help shape the nature of individual workplace prevention education and policy development activities, as well as provide a basis of measurement for the ability of the program to enhance the knowledge of labor and management and reduce stigma and discrimination.

PROJECT GOAL 2: MOBILIZATION OF NATIONAL LEVEL TRIPARTITE EFFORT TO ESTABLISH AND EXPAND HIV/AIDS PROGRAMS AND POLICIES TO REDUCE STIGMA AND DISCRIMINATION IN THE WORKPLACE.

Objective 2.1: Create a HIV/AIDS workplace Tripartite Advisory Board (TAB) comprised of major employer, labor and government entities that is linked to the national coordinating mechanisms for HIV/AIDS programming.

A formal agreement between bodies representative of the three entities most directly concerned with labor, industry, and social policy will establish the basis for tripartite cooperation to promote worker and management HIV/AIDS prevention education, policy development, and the reduction of stigma and discrimination. The TAB will meet regularly with input from AED to consider short and long term activities and strategies for HIV/AIDS prevention and awareness in the workplace, policy, and legal matters and will articulate its activities with the National AIDS Standing Bureau and the Ministry of Health. In doing so, the TAB will serve as both a focal point for workplace-based prevention education and an exemplar of inter-government, business, and labor cooperation.

The membership of the TAB will be drawn from each of the three identified departments of MOLISA, relevant departments of the Vietnam General Confederation of Labour, and peak business and industry bodies including international chambers of commerce in Vietnam.

Objective 2.2: Encourage development of—and adherence to—a national workplace policy within the framework of the HIV/AIDS National Strategic Plan as a product of the establishment of a formal dialogue on stigma and discrimination, and the legal framework for their prevention within MOLISA and between MOLISA, the Ministry of Health, the National AIDS Standing Bureau, labor unions, the business sector, and other relevant actors.

The engagement of government, business, and unions in a formal tripartite relationship provides a mechanism and an opportunity to work collaboratively in the creation of a policy dialogue with the potential for helping to shape HIV/AIDS labor policy at the national level.

Using existing law as the starting point for dialogue, the Vietnam General Confederation of Labour, relevant business, and industry bodies and DSEP will work jointly to document existing problems associated with stigma and discrimination, and to devise a series of recommendations for the reduction of stigma and discrimination. The broad range of parties working with the three parties should include (but not be confined to) the International Labor Organization (ILO), UNAIDS, the Vietnam General Confederation of Labor and PLWHAs.

It is anticipated that these recommendations will be disseminated within relevant national and provincial government bodies, unions, and business as well as through the mass media and at the workplace level and have the potential to be considered in any future process of legislative change.

Objective 2.3: Strengthen the capacity of government, labor, employers, and NGOs at the national level to support workplace HIV/AIDS programs and policies, and foster linkages with other relevant HIV/AIDS programs.

Individual HIV/AIDS prevention education and support programs will be developed from the information gathered in the achievement of Goal 1. A core component in the development and delivery of these programs will be the active involvement of MOLISA officials and trade union officials at the provincial level with company management and workers under the guidance of project staff. The skills and knowledge acquired by MOLISA staff, union officials, company management, and workers will continue to be developed and brought to bear to create effective and sustainable training, support, and management of HIV/AIDS in the workplace at the provincial level. Nationally, these same skills, knowledge, and learning outputs will be utilized by the General Training Department of MOLISA in the formulation of a HIV/AIDS prevention education and support curriculum for use in Ministry educational institutions. The expertise of local organizations working in support of PLWHAs will also be brought to bear.

The models for collaboration and training established will be disseminated and publicized by MOLISA and through the mass media. They will also be shared with relevant government bodies such as the National AIDS Standing Bureau and local organizations.

Objective 2.4: Design and implement an advocacy and recognition campaign to promote workplace HIV/AIDS policies and programs.

In order to recognize the success of individual workplaces in implementing model workplace programs and policies, annual awards will be determined by the TAB and award ceremonies will be conducted. Tripartite recognition of these successes, and the ensuing media attention that will stem from this, will give the achievement of SMARTWork Vietnam's goals at the enterprise level a level of significance and focus public attention on the combined efforts of business, labor,

and government in their efforts to reduce the impact of HIV/AIDS on Vietnam's workforce and economy. Workshops participants will also be presented with certificates of participation, recognizing individual commitment.

PROJECT GOAL 3: INCREASE THE NUMBER OF ENTERPRISES (INCLUDING BUSINESS, LABOR UNION, AND MINISTRY OF LABOR WORKPLACES) THAT HAVE EFFECTIVE WORKPLACE BASED HIV/AIDS PREVENTION AND SUPPORT PROGRAMS, AND POLICIES THAT SERVE TO REDUCE STIGMA AND DISCRIMINATION.

Objective 3.1: Adapt and translate project materials to country context.

The research, presentation, workshop, monitoring and evaluation tools developed by AED in Washington will be adapted and translated for use in a Vietnamese context in order to ensure consistency with other country projects within the global program and their optimum utility for Vietnamese labor, management, and government.

Objective 3.2: Initiate and engage employers in developing workplace-based prevention education programs and policies through presentations and workshops.

Presentations will be made in each provincial location with participants drawn from local government, labor unions, and local companies. These presentations will focus on the global, regional, and domestic economic and social impacts of HIV/AIDS. The presentation of the economic and social costs associated with the epidemic will be balanced with a detailed examination of effective workplace-based prevention and support practices. They will also offer prescient examples of non-discrimination in the workplace and the community drawn from international and domestic experiences. These presentations will also be made in the two major cities of Vietnam (Hanoi and Ho Chi Minh City) and invitees will be drawn from the three key industry sectors the program is focusing on and domestic and international chambers of commerce.

The oral presentations will highlight the critical business and social responsibility reasons for effectively responding to AIDS. The key objective for presentations is to engage labor and business leaders in recognizing the need and value of workplace HIV/AIDS prevention and education programs. After each presentation, the Country Coordinator will follow-up with stakeholders to determine the level of interest in developing a comprehensive HIV/AIDS prevention program and workplace policies for their respective companies.

The series of workshops conducted at the company level over the life of the project (at least 20 in total, and of two to three days duration each conducted quarterly) will determine the composition of individual company responses to HIV/AIDS prevention education, care and support for HIV infected workers, and guide the process of policy development for each company. Where applicable, labor union shop stewards or representatives at the individual enterprise level will identify relevant staff and management to participate in the workshops and provide facilities as an in-kind contribution to the project. Workshop outputs will include draft prevention education and support programs and individual workplace HIV/AIDS policies. At least one workshop will be regionally orientated and will include the participation of representatives of labor unions and

employer or business groups active in the implementation of prevention education, support, and policy development drawn from a country or countries within the region. With the capacity to deliver workshops developed in parallel with the tools to do so, individual companies will then be encouraged to deliver a program of rolling workshops in other companies in the same location.

Objective 3.3: Follow-up technical assistance (TA) provided by project staff and partners to establish effective workplace HIV/AIDS prevention education programs and policies among employers.

In partnership with MOLISSA and labor union officials, SMARTWork staff will target those employers and/or trade unions that have shown, in the workshops, a high potential for adopting workplace policies and programs. Follow-up TA shall ensure that either these companies and/or unions receive the TA from the project or they receive it from one of the project's key partners or consultants. The project will also encourage the creation of HIV/AIDS workplace committees and facilitate the post-workshop meetings of groups of employers and any other type of workshop participant. Technical assistance may include a wide range of relevant topics and will be planned based on individual needs of companies and unions. Assessment of technical assistance needs will, in part, be determined through the profiling of organizations conducted under Objective 1.1. Areas for which technical assistance may be provided, include, but are not limited to: development and distribution of IEC materials, implementation of VCT programs, social marketing, policy development, and support for PLWH. As individualized plans of technical assistance are developed, they will be documented and included or amended to the annual work plan and country program plan.

Workshop participants facing common concerns will be encouraged to meet regularly and undertake collaborative work to help strengthen and maintain policies and programs.

Objective 3.4: Targeted employers adopt effective workplace HIV/AIDS prevention education programs and policies.

The commitment of at least 20 major enterprises to sustainable and significant prevention, care and support for their management and workforce will be demonstrated through a consultative process of development of individual workplace prevention education programs and policies. With a focus on prevention and the reduction of stigma and discrimination prevalent in all training activities, workshops and presentations, these enterprises will be sufficiently aware of the domestic and international exigencies driving the development and implementation of prevention education programs and policies to be able to take the lead in their development. SMARTWork staff and MOLISA staff will work closely with these enterprises to achieve this.

Objective 3.5: Increased knowledge about HIV/AIDS, decreased risk behavior, and reduction in stigma and discrimination among workers and managers of organizations targeted by the Project.

Much of the achievement of this objective will be accomplished through the activities conducted under Objectives 3.2, 3.3 and 3.4. The outcome of Objective 3.5 will be evaluated, in-part, through the use of KAPB and/or other evaluation instruments. In addition, baseline data gathered through the KAPB and/or other evaluation instruments will be utilized to help shape activities under Objective 3.2, 3.3, and 3.4.

Evaluation instruments developed by AED will be applied to workers and management in the target enterprises to determine the degree to which stigma and discrimination is reduced and knowledge and risk-reducing behavior is enhanced. The administering of these evaluation instruments will be done by SMARTWork staff in conjunction with MOLISA personnel.

PROJECT GOAL 4: DEVELOP (AND/OR ADAPT) AND DISTRIBUTE INFORMATION, EDUCATION AND COMMUNICATION (IEC) MATERIALS THAT SUPPORT HIV/AIDS WORKPLACE PREVENTION EFFORTS, REDUCTION OF STIGMA AND DISCRIMINATION, AND BEHAVIOR CHANGE.

Objective 4.1: Disseminate workplace-related materials that will increase employer participation.

The SMARTWork guide will be adapted and distributed for use in Vietnam in print and electronic formats. Its distribution to a large number of enterprises of each of the three types and to employer and business groups will help to ensure that SMARTWork serves as the benchmark prevention education and policy program in Vietnam. The possibility of creating and housing Internet access to the SMARTWork guide will also be explored.

Objective 4.2: In coordination with key labor, business, government, and NGO partners, encourage and achieve widespread utilization of relevant IEC materials by workers.

The exact nature of the type and content of the IEC materials to be developed will be determined through a process of thorough analysis of the effectiveness of existing materials used in Vietnam and other countries, a consultative design process which will include government officials, workers, management, and PLWHAs and testing of IEC content before final production. It is likely that IEC materials developed will be in print form only. The materials will differentiate between workers and management. Particularly close attention will be paid to the gender appropriateness of individual IEC materials.

Effort will be placed on identifying already existent materials, and when necessary, adaptation or development of new materials, to support effective workplace programs and policies. Where

effective materials already exist, such as the ILO's Code of Practice and IEC materials developed and available through resources like the BRTA/LRTA clearing house and the National Prevention Information Network (NPIN), such resources will be utilized to support programs while reducing the likelihood of duplication of efforts.

INSTITUTIONAL AND MANAGEMENT FRAMEWORK

The AED Vietnam Project Office will be responsible for the implementation of the program in full consultation with AED Washington and the US DOL. The primary government counterpart will be the DSEP of MOLISA. Other government partners will include other relevant departments of MOLISA and provincial authorities in each of the project locations. Departments within the Vietnam General Confederation of Labour and relevant employer groups will undertake regular joint program tasks with MOLISA and AED. AED will obtain registration to operate a Project Office through the People's Aid Coordinating Committee of Vietnam (PACCOM) under the authority of the Committee for NGO Affairs.

It is expected that a Project Coordination Group (PCG) will be established to meet quarterly to review project progress at the national level. This PCG will comprise the Country Coordinator, representatives from the DSEP, Department of Labor and Employment Policy, General Training Department and International Relations Department of MOLISA as well as representatives of business and labor unions at the central level. At the provincial level, Project Management Groups (PMG) comprising the Country Coordinator, provincial representatives of MOLISA and labor and management representatives of the companies will be established to review project progress on a bi-annual basis. There will also be significant sharing of information and experience between the Vietnam Project Office and the other five project offices of SMARTWork in order to facilitate cross learning and to benchmark project progress globally.

Reporting to the Project Director in the Center for Community Based Health Strategies of AED Washington, the Country Coordinator will be responsible for the daily management of the project. The Program Associate and Administrative Assistant will provide assistance to the Country Coordinator. Consultants from the US and within Vietnam will be utilized as needs arise.

The Country Coordinator will build and maintain close relationships with the companies participating in the program. He/she will be responsible for ensuring that all relevant agreements are entered into with government and corporate partners. He/she will also liaise closely with other project implementers in the broad HIV/AIDS prevention and awareness field in Vietnam and build strategic partnerships with relevant multilateral agencies. He/she will also be jointly responsible with MOLISA for working with the Vietnamese mass media to publicise the program.

TARGET GROUPS AND PARTNERS

The intended direct beneficiaries of the project will be workers, labor unions, management and their families of the twenty companies across the three industry sectors and types. Cadres of MOLISA and those trained by MOLISA at the national and provincial level will also gain direct benefit from the project through their participation in project activities including training. Cadres of the Vietnam General Confederation of Labor at the national level and individual union representatives at the province and enterprise level will also gain direct benefit as will key personnel in employer groups.

Indirect beneficiaries will include workers and managers in same or similar industries who seek to implement SMARTWork using the program prevention education, support, and policy development components. Workers and management at risk of HIV, related to PLWHAs and/or those who are HIV infected will also benefit from the efforts of the project to reduce stigma and discrimination. State-Owned, Joint Venture and 100% foreign-owned enterprises in Vietnam participating in the program will also benefit from, (a) the productivity benefits of active HIV/AIDS prevention and support in the workplace, (b) being seen as good corporate citizens by implementing such a program, (c) and the possibility (to be explored) of the creation of a nexus between the presence of a HIV/AIDS prevention and awareness programs in the workplace and insurance benefits.¹³ It is also hoped that all workers in Vietnam will benefit indirectly from the project through the project's efforts to highlight prevention education, support, and non-discriminatory policy development at the national government level.

¹³ The Thai Business Coalition on AIDS has been successful in implementing the Gold Star program with one of the largest insurers in Thailand, AIA. Under this program, companies that have policies for the prevention and management of HIV/AIDS in the workplace that are insured by AIA receive a 10% annual discount on their insurance premium.

SUSTAINABILITY

There are a number of salient features of SMARTWork Vietnam that will provide a high level of sustainability. These are:

- *Participation of government, labor and employers:* The design and implementation of all project activities will enjoy the participation of all relevant government, union and corporate actors. The creation of a TAB that is truly representative of government, labor/unions/employee and employers/managers will, for the first time in the course of Vietnam's efforts to respond to HIV/AIDS, bring together these three groups into a united forum. Their work will also be articulated with the efforts of government as presented in the National Strategic Plan for HIV/AIDS 2001-2004 of the National AIDS Standing Bureau. The 'learning by doing' approach inherent in the utilization of such a close working relationship will result in significant skills transfer and the enhancement of levels of knowledge. The involvement of labor in the research and training activities of the project will also serve to heighten knowledge and participation. Similarly, the project coordination and management roles played by government and labor at the national and provincial levels will help to sustain involvement beyond the funded life of the project.
- *Awareness raising:* By working with one of the main government bodies responsible for the management of HIV/AIDS in Vietnam (DSEP), the project will seek to further broaden both the government agenda in prevention education, support, and the legal framework for HIV/AIDS and popular understanding of the epidemic, its prevention, the economic and social costs associated with it and advocate for the rights of PLWHAs. Additionally, Vietnam's strong union network will also provide the means for the development of a much better understanding of prevention, care, stigma and discrimination for the rank and file union membership.
- *Modeling of good practice:* One of the criteria for the selection of the companies participating in the project will be their high provincial and/or national profile as producers, service providers and processors. These companies will set benchmark standards for the implementation of HIV/AIDS prevention education, support, and policy development and will be encouraged to publicise their own efforts as well as be receptive to publicity from the mass media.
- *Advocacy:* The recommendations produced collaboratively by the TAB will attract the attention of decision makers at the national and provincial level and lead to the consideration of the issues contained therein in a number of fora.
- *Linkages:* The range of domestic and international linkages formed during the project— together with legitimacy of the project as part of the US DOL formal agreement with the Government of Vietnam—will establish SMARTWork as the program of choice by government and employers in their efforts to reduce HIV/AIDS infection and its impacts in Vietnam.