

CARE INTERNATIONAL IN VIETNAM

Report

Ex-Post Evaluation of project impact: "Confronting with HIV/AIDS in the workplace" in Quang Ninh Province

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The ex-post survey on the project “Confronting with HIV/AIDS in the workplace” aims to draw out lessons for the formulation of new intervention programs and strategies to be suitable to the current needs and conditions of Vietnamese partners.

It is our honour to present the results of this survey to the government bodies of Vietnam as well as the national and international Non-Government Organisations (NGOs) in Vietnam. Limitations are inevitable. However, we expect that the results of this survey will provide important information of the actual situation in Quang Ninh province, in relation to the project “Confronting with HIV/AIDS in the workplace”, supporting responsible people in their work on HIV/AIDS control.

On this occasion, we would like to express our sincere thanks to CARE International, who sponsored and created all the favourable conditions for us in conducting this survey.

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On behalf of the team

Ass. Prof, Dr. Nguyen Thi Thieng

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ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ARV	Antiretroviral
AusAID	Australian Agency for International Development
BCC	Behaviour Change Communication
CBO	Community Based Organisation
DAC	District AIDS Committee
DFID	UK Department for International Development
FGD	Focus Group Discussion
FHI	Family Health International
HIV	Human Immunodeficiency Virus
IDI	In Depth Interview
IEC	Information, Education, Communication
KAP	Knowledge, Attitude, Practice
NGO	Non Government Organisation
OVC	Orphans and Vulnerable Children
PAC	Provincial AIDS Committee
PLHA	People Living with HIV/AIDS
STD	Sexually Transmitted Diseases
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	United States Agency for International Development
VCCI	Vietnamese Chamber of Commerce and Industry
VND	Vietnamese Dong
WHO	World Health Organisation

EXECUTIVE SUMMARY

The “Confronting with AIDS in the workplace” project was funded by the Australian Agency for International Development (AusAID) and implemented by CARE International in Vietnam as the first model of HIV/AIDS control in the workplace in Quang Ninh. The project partners were the health care system of Quang Ninh province, companies and the Empathy Clubs. This project was completed in 2003.

The objectives of ex-post evaluation: 1) to conduct an ex-post evaluation with the project partners to review the project design, implementation and outcomes and assess its sustainable impact in relation to knowledge, attitude and practices of the key target groups 3 years after the completion of its implementation; 2) to provide feasible and valuable recommendations for CARE to develop a new health strategy based on the evaluation findings.

The following are the major results achieved by this survey:

1) The sustainability of the activities designed for the Empathy Clubs is high. However, it is difficult to form a conclusion on the sustainability of the project activities in the companies and Quang Ninh Provincial AIDS Committee (PAC).

2) In terms of impact of the project, it called greater attention of local and company leaders to HIV/AIDS; trained a number of managers in knowledge of project design, implementation and management, as well as knowledge and skills to approach and communicate; developed better awareness and knowledge for workers and community about HIV transmission routes and prevention methods; formed a foundation for fighting against discrimination toward HIV/AIDS positive people; and created favourable conditions for other organisations to conduct HIV/AIDS-related intervention activities in the workplace.

3) The strengths of the project were: changing the minds and raise awareness among leaders; provided systematic high quality and need-based training courses; applied a sound monitoring system (central, province and with partners); and it was the first project that provided a revolving fund for HIV positive women to use for income generation without a deposit.

Some of weaknesses of project were: lack of coordination among partners; lack of attention to gender equality; not very intensive communication to workers after 2004; and the specific knowledge of workers on HIV/AIDS were not very strong. The causes of weaknesses are: lack of attention to the combination of the 3 target elements when designing the project’s activities; Vietnamese customs in believing that caring for patients is only the job of women; lack of HIV awareness in workplace by company leaders.

4) The suitability of the designed activities to the current conditions: the designed and implemented activities from the project are still suitable to the current conditions. The reasons for this are: changes in human resources; the number of newly positive people is high; and there is not a high level of specific knowledge on HIV/AIDS amongst workers.

Recommendation: In the new strategy, CARE should continue this model from 2000 with the following partners: companies, Empathy Clubs and managing agencies (Vietnamese Chamber of Commerce and Industry (VCCI), Provincial Labour Union and PAC).

1.0 Introduction

The “**Confronting with AIDS in the Workplace**” project was implemented with the full participation of local partners working in the health care system of Quang Ninh province, 20 companies of Vinacoal, and the Empathy Clubs. The aim was to build up partner’s capacity in responding to HIV/AIDS, including developing new company policies on HIV/AIDS, increasing company commitment to financing and human resources for HIV prevention, and the development and support of the Empathy Clubs. The project reached over 60,000 beneficiaries through different activities in Quang Ninh province over the 3 year period from 2000-2003. This project combines some of the key focal areas of CARE Vietnam’s current program: HIV workplace programs and partnership with community based groups. It also has policy, home-based care and capacity building activities. These sorts of activities are still being implemented by CARE’s Health and Social Sector.

This project was completed in December 2003. However, CARE Vietnam would like to conduct a post-project evaluation of its long term impact and sustainability in the 3 years since it was completed. The results would really help to inform CARE Vietnam about current and future programming. It is expected that this ex- post evaluation will produce valid outputs that could be used by the Health and Social Sector to develop a new strategy for the next 5 years.

2.0 Objectives

The objectives were to conduct an ex-post evaluation with the project partners, including the Quang Ninh Provincial AIDS Committee (PAC) and the Halong District AIDS Committee (DAC), 10 private companies and the Community-Based Organisation (CBO), the Empathy Clubs to review the project design, implementation and outcomes, and assess its sustainable impact in relation to knowledge, attitude and practices of the key target groups (CBO, private companies and local authorities) 3 years after the completion of its implementation.

- To provide feasible and valuable recommendations for CARE to develop a new health strategy based on the evaluation findings.

3.0 Research Questions

To achieve the above research objectives, the following questions must be answered:

1. Are the activities designed and implemented previously in the project suitable to the current needs and conditions?
2. What are the impacts of the project on the 3 target groups (Empathy Clubs, companies and PAC/DAC)?
3. What is the sustainability of the project’s activities? Which among these activities is/are the most sustainable? What is/are the major factors that contribute to such sustainability?
4. What is the current status of knowledge, attitude and behaviour on HIV/AIDS prevention in the workplace? What are the changes since the end-line survey? What are the causes of long-term changes in knowledge, attitude and behaviour?
5. What are the strengths and weaknesses in the development and implementation of HIV/AIDS in the workplace policies? What are the recommendations on the orientation for the future policy of CARE in the coming time?

Specific research questions were also posed to each target group:

1. To Empathy Clubs

- What are the project's impacts on the clubs' development? (number of clubs and members, types of members – extensive development)

- What activities are currently conducted by the clubs? Which ones are considered successful? Which ones are considered sustainable? What factors affect the success and sustainability of those activities? What are the resources (human and finance) mobilised to carry out those activities? Has there been intensive development?

- How has the members' knowledge change compared with that in 2003?

- Is the lending activity for the clubs' members continuing? What are the results of this activity? Has the principal stayed the same and increased? Have the members' living conditions improved? Are other permanent activities supported (visits to families, meetings, etc.)?

- Do the 80 women who were trained to be caregivers by the project utilise their capacity in disseminating knowledge and supporting caring in the community? Has the club mobilise any other financial resources to carry out more training activities for women?

- What is the position of women (wives, mothers and sisters) in communication with, support to and caring for HIV/AIDS positive people in their families? How can their position be improved with further training? Is there any difference in the discrimination towards HIV positive males and females? What are the causes of such differences?

- Do the trained chair-people of the clubs utilise their capacity in leading the clubs? Do they continue to provide support to caregivers?

- Has the clubs' intervention model been expanded in the community with the establishment and development of caring groups or associations under the influence of the clubs?

- Are the facilities supplied by the project used? What other resources do the clubs supply for home-based care? Where did the financial resources for purchasing new equipment come from?

2. To Coal Companies

- What knowledge of and attitude toward HIV/AIDS do the company's leaders have?

- How did the company develop and improve policies to confront HIV/AIDS in the workplace? Have the company kept implementing an annual plan for HIV/AIDS prevention in the workplace? What is the company's orientation for future policies for confronting HIV/AIDS in the workplace (e.g. mobilisation of resources (human and financial), support of the Vietnam General Confederation of Labour, VCCI, Vinacoal and the National Committee for AIDS prevention)?

- How did the company use the knowledge and skills provided by the project in developing, implementing and orienting policies for confronting HIV/AIDS in the workplace? Does the company continue to supply free condoms and disseminate information in the workplace?

- What activities were conducted by the company to reduce discrimination towards HIV positive workers? What commitments to these workers are made by the company (equality in work assignment, personal confidentiality, access to

information, regulations on testing and submitting test results, provision of care and other support)?

- Have the peer educators (600 people) continued the activities of information, education and communication (IEC) within the company? Who often and what is the quality of those activities? How effective have they been in increasing levels of knowledge, providing retraining and knowledge dissemination to other workers in the company?

- What role do the Labour Union, Youth Union and Health Care Unit play in confronting HIV/AIDS in the workplace? What are their specific activities? What are the activities' strengths and weaknesses?

- What is the current state of knowledge, attitude and behaviour in preventing HIV/AIDS in the workplace of coal companies? Including the key areas of knowledge in infection mechanism, ways of prevention, attitude toward prevention and discovery of HIV, attitude toward HIV positive people in the workplace.

3. To Quang Ninh AIDS Committee (PAC) and Hạ Long AIDS Committee (DAC)

- What is the level of knowledge of PAC and DAC employees? How were employees of companies and club managerial staff trained? How have they utilised their capacity in designing and developing projects to confront HIV/AIDS in the workplace?

- What activities have PAC and DAC conducted to coordinate with the company partners of the project in developing and implementing policies for confronting HIV/AIDS in the workplace, such as cooperation in training communicators in companies and coordinating with the companies to provide care and support? Which activities are the most sustainable, which do not meet expectations?

- In what other companies, besides the partner companies of CARE's project, have PAC and DAC developed their coordination and support in developing and implementing policies for confronting HIV/AIDS in the workplace? Where do the funds come from to support this work?

- How is PAC and DAC coordinating with the companies to develop and implement policies on confronting HIV/AIDS in the workplace?

4.0 Research Methodology

The research methodology combined both quantitative and qualitative research and used two data collection methods.

4.1. Research of available materials (desk study):

- Project proposal
- Needs assessment, baseline and end-line reports
- Annual project progress reports
- Annual Monitoring Reports
- Report "Workplace HIV/AIDS Programs" by Family Health International (FHI) and United States Agency for International Development (USAID).

4.2. Data collection in the field

In order to evaluate the project's impacts on the knowledge, attitudes and practices in relation to HIV prevention in the workplace since the end of the project,

we used the end-line survey's results as a control to compare with the results of this ex-post evaluation. Therefore, the selection of targets and the decision on sample size were conducted in accordance with those used in the end-line survey.

4.1 Quantitative Research

Quantitative research methodologies were applied for 2 target groups:

1. Communicators

The aim was to evaluate the knowledge, attitudes and practices, effectiveness of training and sustainability of IEC activities in relation to the company communicators.

Proposed sample was about 120 people (20% of people who had received training under the Confronting AIDS in the Workplace project). 12 people were proposed to be selected from each company.

2. Other beneficiaries in the company

The aim was to evaluate knowledge, attitudes and practices in confronting HIV/AIDS in the workplace of all participants in the project (managers and workers) that are still presently working at the coal companies.

To learn about the IEC activities organised for labourers in the workplace since the end of the project.

This evaluation assessed the project's sustainability by comparing data on the project participants' knowledge, attitudes and practices collected from two surveys (the project's end-line survey in 2003 and the impact survey in 2007), as well as reviewing the results of the activities implementation.

4.1.1 Sample Size

The formulae used for estimating a proportion of the population with specified relative precision was:

$$n = z_{1-\alpha/2}^2 \frac{1-p}{\varepsilon^2 p}$$

p: anticipated proportion of the population of the employees' knowledge about HIV/AIDS. Suppose that the proportion of employees with knowledge about HIV/AIDS is 90%

ε: Relative precision used in this study is 0.05

$$z_{1-\alpha/2} = 1,96 \quad (\alpha = 0.05)$$

Sample size 2.0 software (World Health Organisation (WHO)) was used to calculate the sample size, which for this survey was 175. A cluster sampling method was used in the survey, the design effect would be 4, so as a result the sample size was 700.

4.1.2 Quantitative research sample technique

10 of the 20 companies were selected for the survey. Each selected company was considered as a group (i.e. 10 groups). The previous Knowledge, Attitude and Practice (KAP) survey used ten groups of which 7 groups were coal companies and the remaining were three companies outside Vinacoal. The final evaluation used ten groups of which 9 groups were coal companies and the other one was a company outside Vinacoal. To ensure the comparativeness of some indicators on project

participants' (managers and workers) knowledge, attitudes and practices, this project used the same method of sampling as that of the end-line survey. Specifically, 2 companies outside Vinacoal will be selected and the remaining 8 groups were selected based on the 17 coal companies. See Appendix 1 for surveys used.

4.2 Qualitative Research

2 qualitative survey methods were used: Focus Group Discussions (FGDs) and In-Depth Interviews (IDIs)

IDIs were used to collect opinions and viewpoints of each interviewee. In this research, IDIs were used with leaders of Vinacoal and other companies, PAC/DAC, the Women's Union, local trainers, Empathy Club managers and People Living with HIV/AIDS (PLHA). Information collected is outlined in the guides to interviews (Appendix 2).

FGDs were used to collect opinions and viewpoints of all targets in groups with similar characteristics. In this research, FGDs were used to evaluate knowledge, attitudes and practices of the company workers (2 male groups and 2 female groups), the Empathy Club caregivers in the communities and PLHA's family members (See Appendix 2 for guidelines).

4.2.1 Sample size

Total: 17 IDIs and 7 FGDs

+ Empathy Clubs (4 IDIs and 2 FGDs)

- 2 PLHA (1 male and 1 female)
- Chairman of Empathy Clubs
- Chairman of the Alliance of Empathy Clubs
- FGD for caregiver members of Empathy Clubs,
- FGD for PLHA's family members

+ PAC/DAC (2 IDIs)

- Leaders of Quang Ninh PAC and Hạ Long DAC

+ Companies (8 IDIs and 5 FGDs)

- 6 IDIs with employees of the companies
- 2 IDIs with communicators
- FGD for communicators
- FGD for male workers working before 2004
- FGD for male workers working after 2004
- FGD for female workers working before 2004
- FGD for female workers working after 2004

+ Community (3 IDIs)

- IDI with journalist from Quảng Ninh Newspaper
- IDI with the Director of Hạ Long Radio and Television
- IDI with doctor from Hạ Long Health Centre

4.2.2 Observation and interview method

Researchers also carry out observation and free quick interviews for 5-10 minutes with the companies' employees to collect information about the impact and sustainability of the project on HIV/AIDS prevention efforts in the workplace in Quang Ninh. Observation target included presence of pamphlets, leaflets and the attitude of leaders and other employees towards PLHA working at the coal companies.

4.2.3 Toolkits for information collection

Two sets of questionnaires, including one for employees and one for communicators and managers, were designed by experts in evaluation and reviewed many times by CARE staff. After testing the survey, the experts of evaluation held a final meeting with CARE staff before commencing the collection of information.

4.2.4 Testing survey

A test of the quantitative toolkit was conducted by the consultants and colleagues at Hà Lầm Coal Company. IDI and FGD networks were tested at Quảng Ninh HIV/AIDS Prevention Centre, the Empathy Clubs of Hồng Hải ward and Hạ Long City and with the staff of Department for Personnel, Remuneration and Social Affairs of Vinacoal.

Any difficulties identified during the process of testing information collection were removed as the consultants perfected the toolkits.

4.2.5 Interview method

The method of guided indirect interview was implemented when using the toolkit. Guidance on the use of the questionnaire was given by a researcher experienced in field surveys. FGDs were conducted by the consultants and colleagues. IDIs were conducted by the consultants. To ensure the interviews were conducted smoothly and the interviewees were comfortable, the interviews were conducted in a quiet place that maintained confidentiality. The interviews each lasted 60 to 90 minutes.

4.3 Method of Data Analysis

4.3.1 Processing and analysing Quantitative data

To minimise errors, the data collected from the field was checked manually directly after the field workers finished collection. They were checked for a second time before being entered into the software program. All data was entered two separate times into the Epidata software. Following the data entry, the comparison of the data entered was made using Excel software.

Later, the data were transferred to the software of SPSS11.5. See Appendix 3 for more detail on the variables used in the quantitative analysis.

4.3.2 Processing and analysing Qualitative data

After finishing IDIs, 24 tapes were transferred into Word files. This process was strictly controlled by the experts, so as to ensure the preciseness of the information provided by the interviewees. The processing of qualitative information was conducted using Nvivo2.0 software. With the support of this software, the qualitative documents were encoded and clustered in accordance to the research topics.

4.4 Report Writing

The overall report of the post-project impact evaluation was developed in the following way:

Data and information from the survey will be gathered in separate parts of the report according to the targets of the evaluation. Hence, besides the introduction, methodology, conclusion and recommendations, the report consists of 3 major parts:

- Part 1: Post-project evaluation on Empathy Clubs.
- Part 2: Post-project evaluation on company beneficiaries.
- Part 3: Post-project evaluation on Quảng Ninh and Hạ Long Centres for HIV/AIDS Control.

4.5 Limitations of the Survey

Despite all efforts to minimise the possible limitations, this survey does contain some weaknesses that should be taken into consideration.

4.5.1. Limitation of sampling

This survey uses the random sampling method. However, the organisation and sample selection were conducted in the workplace. For the specific conditions of the coal mining industry, the consultants did not have a free choice of targets as was expected, but had to follow the recommendations and arrangements of the supervisors of the companies.

4.5.2 Limitation in evaluation of CARE's project impacts

There are various factors that impact of the knowledge, attitudes and behaviours related to HIV/AIDS. At the same time as the CARE project was being conducted, other activities were also taking place, such as communication programs on HIV/AIDS in miner training colleges and in schools, HIV/AIDS communication and education program on radio, television, newspapers, magazines as well as the national HIV/AIDS prevention program. Therefore, it is very difficult to separate the impacts of the CARE project using just the simple comparison of the results from the end-line and post-project surveys. Consequently, the evaluation of impacts mainly relies on qualitative methods, rather than quantitative methods.

4.5.3. Other limitations

For cultural reasons, the topics of HIV/AIDS and STDs are sensitive, making people feel reluctant to talk about them and listen to information related to these areas. Today, these topics are more commonly addressed, but are still considered rather sensitive in Vietnam. A number of employees did not hesitate to talk about HIV/AIDS and STDs, but the majority of them think that these topics shouldn't be mentioned in meetings and discussions. This led to difficulties in collecting information on these sensitive topics.

Pre-marriage sexual relations are not accepted in society and the community. Single working people who have pre-marriage sexual relations are looked down on as immoral people. Therefore, despite having this kind of relations, many employees were hesitant to admit it. Consequently, a comprehensive collection of precise and reliable information on these issues is considered virtually impossible in Vietnam.

4.6. The Survey Team

The team is composed of:

1. Dr. Nguyen Thi Thieng, team leader, is mainly responsible for the evaluation design, facilitation of the training course on KAP survey for local supervisors and writing the final report.
2. Ms. Tran Ngoc Yen, team member, is responsible for quantitative analysis and report writing.

5.0 Survey Results for Empathy Clubs

5.1 The Project's Sustainability

Review of activities designed and implemented up to 2007

No	Designed activities	Results up to 2003	Results up to 2007
1	Setting up of 8 clubs in districts of Ha Long City within 20 months.	8 Empathy Clubs (each club has about 50 members) were established in 8 districts of Ha Long city and Cam Pha town within 14 months.	Up to 2004, 12 clubs were established with the participation of 50 people in each club. In 2007, 20 clubs were established with the participation of 1,483 members in total.
2	Training 80 women in 8 clubs as care givers in 24 months.	80 women were trained in home caring in 29 months. Each training course lasted 2 days on caring and supporting the project.	There are 34 people continuing this work in home care groups ¹
3	Providing the clubs with 8 HIV home care kits	8 HIV home care kits including manual care instruments, basic medical equipment and medicine according to guidance of WHO/UNAIDS, were given to the clubs.	Equipment has been basically maintained, but there is a lack of medicine, absorbent cotton and bandages.
4	Training 8 local medical officers on club monitoring.	8 local health officers were trained on club monitoring.	6 of them keep monitoring Empathy Clubs in Hong Hai and Hong Ha wards, Ha Long city.
5	Loan activities for club members who are in difficulty.	Initial capital amount granted by CARE was 20,000,000 Vietnamese Dong (VND).	Up to 2004, the capital amount increased to 48,000,000 VND. In 2007, the Women's Union has worked with policy banks for 454 borrowers with a total of 1,362,000 VND.

5.1.1. Activities in training and knowledge improvement

According to the end-line survey of the project "Confronting with AIDS in the workplace" by CARE, at the end of 2003, 80 core women members of the Empathy Clubs were trained in home based care. These women made up the core members of the clubs. Since the CARE project finished in 2003, the Women's Union of Ha Long city and the Alliance of Empathy Clubs have continued to provide training courses for members on knowledge and skills in home based care with the aid of other CARE programs (such as CORE 1, CORE 2 and STRONGER 2).

"Key members of the club (firstly, mothers and wives of HIV positive people) have been trained, provided with knowledge and home care skills. Since the CARE

¹ In the period 2000-2003, the 80 women trained in homecare were mostly the wives and mothers of PLHA. In 2007, 46 of them have stopped their work as a member of the homecare groups for the main reason that their husbands and sons have died. Some others gave the reason that they are too old to continue this work. The Women's Union management of the Empathy Clubs has replaced these people with PLHA. Thanks to the projects CORE 1, CORE 2 and STRONGER 2, the key communicators and home supporters who are PLHA have been trained in knowledge and skills related to HIV/AIDS and home caring. Today this team is working very effectively.

project ended, we continue to launch training courses on these knowledge and skills. Gradually, the role of communicators has been transferred to HIV positive people. We also organise extra training courses for them.” (Chairman of the Alliance of Empathy Clubs.)

“I was trained. The health centre sent people to our place to communicate and train us on how to care for HIV/AIDS positive people. They gave detailed explanations to whatever we didn’t understand. Each of us was trained at least once or twice” (Chairman of Yet Kieu Empathy Club).

The content of the training courses organised by the Alliance of Empathy Clubs focused on skills in approaching target people, methods of prevention and care during the last stage of AIDS. This knowledge is very necessary for the people who take care and support HIV positive people in community.

“I was trained several times per year on contact skills, prevention method and care in the last stage” (Chairman of Ha Trung Empathy Club).

5.1.2. Communication activities

During the Confronting with AIDS in the Workplace project, mothers and wives of HIV positive people trained by CARE were organised by the Alliance of Empathy Clubs to become a core group to communicate with families of PLHA. Their achievements were reducing self-discrimination of HIV positive people and the discrimination of the community towards PLHA through care and support activities in the home and the community. In order to keep up activities of this home-based care group, apart from financial contributions of the club members, group activities received grants from the Women’s Union and other bodies.

“Our club instructs HIV positive people and their families on how to prevent and care for themselves and set up a communication team with 25 key members from each ward. A small ward may send 1 member, while others have 2 members. 10 wards have established home-based care groups with the majority of members being mothers and wives of HIV positive people. Taking part in the clubs, they are not discriminated against and they are cared for spiritually. Club members volunteer to contribute fees and encourage the Women’s Union to support. After investigating the situation, the Women’s Union gives a certain amount of funds or mobilises it from other organisations and community citizens to support the club. Seeing how members benefit from participating in the club activities, other HIV positive people and their families also register to participate” (Chairman of the Alliance of Empathy Clubs).

After the CARE project ended, the Club management board (trained by CARE) maintained communication activities, but with lower frequency compared to the project period.

“During the CARE project we organised activities once per month, since the CARE program ended we maintain activities once every 2 months. The content is reviewed in every meeting, e.g. about care knowledge and non-contagious diseases. It is not because of the finance shortage that we stop working. We usually exchange opinions in the meetings and get documents and leaflets for members from Mr Khang (PAC Quang Ninh province)” (Group discussion, member of home-based care group).

Not only the care groups have maintain activities after the CARE project, but other Empathy Clubs in wards/communes of Ha Long city have also sustained their activities, although the method may have changed. The clubs are not organised

independently like before, but are now integrated with activities of the local Women's Union.

“Club activities are organised and communicated once or twice per month and integrated with activities of the Women's Union. Some women feel very upset, so we should talk to them, they will open their heart and reduce the psychological burden. We also organise entertainment activities for everyone to live actively and overcome difficulties” (Chairman of Ha Trung Empathy Club).

The communication methods of the Empathy Clubs are varied and topics usually changed or combined with entertainment activities.

“We always change the topics, for example, this time we talk about care steps, next time we discuss about how to eat in accordance with the weather, diagnose and prevent summer diseases. Sometimes we organise “pick up flowers democratically” contest, for which we prepare 5-10 questions such as: what is HIV? What are opportunistic infections? What is threshold stage? Then give them the questions and the answers. They learn by heart all the answers, and then they pick up questions to answer them. Both winners and losers receive gifts. Although Care aids are not available, we still encourage and honour excellent members” (Member of home-based care group).

As aid is not available for club activities, the management board has an initiative to mobilise members to contribute membership fees. The amounts of money are used to take care of patients and implement communication activities. The management board of the Clubs and the communicators are pioneers in setting a good example for changing behaviour, e.g. they don't discriminate against PLHA and their families, which encourages others in the community to follow.

“We mobilise members to make a contribution of 12,000 VND per year. We use the money for 2 purposes: firstly, for a visit to a seriously sick person and give him/her 20,000 VND, as well as attending funerals and giving the family 50,000 VND. The management board and communicators work on the funerals, and other members follow to take part. Secondly, those amounts of money are used to communicate with people who do not know how to care for themselves and their families. The rest of the money is used to encourage them to get check ups, use medicine for opportunistic infections or ARV [antiretroviral]” (member of home-based care group).

Previously when the club members were only mothers and wives of HIV positive people, communication was only limited within the wards/communes where these people reside. Since the Empathy Clubs have attracted PLHA to participate in club activities and they have become communicators, the communication targets have been expanded, including not only mothers and wives of HIV positive people, but also prostitutes and PLHA themselves. Communicators do not limit their work within their wards/communes, but also in other districts in the provinces.

“I communicate to everyone. I sell goods on the streets, so I meet with different kinds of people even prostitutes. I also communicate to people in Mao Khe, Uong Bi, not only in my ward. I know well people living with HIV or having symptoms. I directly talk to them, they do not react, because they sympathise with me” (PLHA communicator).

Summary: Only 34 out of 80 women trained by CARE have kept working as members of home-based and community-based care group and only 6 chairmen of the Empathy Clubs continue their work. However, these people, especially the Club chairmen, work very actively.

Although club activities have not been organised once per month like before, they are organised once every 2 months (in Empathy Clubs in Ha Long city) or quarterly (in Empathy Clubs of Cam Pha town). When the financial support from projects is not available, the clubs' management board has an initiative to mobilise membership fees to get resources to care for AIDS patients in the last stage and for communication. The management board of the Alliance of Empathy Clubs has also mobilised funds from the Women's Union, various organisations and enterprises to fund these activities. A special success of the management board of the Alliance of Empathy Clubs is that they have been attracting HIV positive people to participate in club activities and in communication. Thanks to this the Empathy Clubs have communicated to more target people in different areas of the province besides Ha Long city.

5.1.3. Care and support activities for HIV positive people

In addition to communication on ways to care for the PLHA, the Empathy Clubs also organise direct home-based care and support activities. Thanks to these activities HIV positive people as well as their families are closer to the community and feel more confident. CARE activities of the Empathy Clubs start with taking wives of HIV positive people to get tested, then taking them to get diagnosed for opportunistic infections or introducing them to the project activities or sending them to the free ARV treatment program. When the members' status changed into the AIDS stage, club members take care of them at home and help with the funeral ceremony.

“Club activities are counselling and caring at home, because HIV positive people usually have an inferiority complex and they don't want to have contact with other people. The clubs send communicators to families to counsel them and their families, and they feel more confident. The targets and their families feel more encouraged with the communicators. The clubs have cared for the last stage of 56 dead patients in their families for the last 2 years” (Chairman of Yet Kieu Empathy Club).

“I was taken to hospital to test blood and when I was detected with HIV infection, they took me to see doctors, completed medical file for consultancy and medicine supply. Then I was introduced to participate in the club and enjoy some benefits. I feel very happy when I am provided with 5 kilos of rice and a bottle of oil per month” (PLHA in Yet Kieu ward).

When the project, Confronting with AIDS in the workplace in Quang Ninh, ended, the communicators and women in the home-based care groups continued to take care of PLHA in the last stage, while they waited for more support from other projects. As the project funding was not available, they use their own money to buy gifts for families and instruct families to look after the patients.

“Visiting dying patients in the last stage, we bring project gifts to the families if there are any, or we buy our gifts if the project doesn't provide. We instruct the families to take care of them” (Member of Ha Trung Empathy Club).

Summary: Home based care activities for PLHA are undertaken continuously with or without project funding. The additional funding sources are varied, including from members' contribution, from organisations such as the Women's Union, or from the personal income of home-based care people.

5.1.4. Activities in small loans

According to the report of the chairman of the Alliance of Empathy Clubs, the total amount of the loans given by CARE was 48 million VND up to the end of the project. The management board of the Alliance of Empathy Clubs has continued to lend each club 5 million VND. Each club member in difficulty can borrow between 1 and 2 million VND from this amount. The government has also issued policies to lend money to people to eradicate hunger and alleviate poverty, such as lending from banks for the poor and bank for social policies. However, poor people have difficulties in accessing the loans from these banks, because the banks take into consideration their potential for repayment. They will not process the loan if they find an applicant unable to repay. Despite the small amount of the loans given by CARE, the spiritual value for PLHA and their families was great.

“CARE’s fund supports 48 people, each person receives 1 million VND. At present they mainly borrow 2 million VND. The difference between CARE’s loan and government loan is that the former has the sense of community, international and humanitarian care. International organisations may not understand much about Vietnamese people, but they know how to support them to stabilise their life. Thus, the loan has great social significance despite its modest size” (Chairman of the Alliance of Empathy Clubs).

The number of Empathy Clubs and their membership is large (20 clubs with 1,483 members) and among them, many people have difficulties in their life and there is a high demand for capital, which makes the capital source from CARE very small. The management board of the Alliance of Empathy Club is facing challenges in distributing the capital to members. To ensure equal opportunity to all members, they have decided to provide loans in rotation, with each club being able to borrow but having to repay over a one-year term in order to support other clubs. Initially the management board didn’t request interest on the loans, however now the club members pay an interest rate of 0.5%. The clubs use the interest to support the regular meetings of clubs or to visit HIV positive people how are sick. However, the one-year term is considered too short and the one million VND amount is too little to help some poor households to stabilise their life.

“Majority of families with HIV positive people are poor, very few of them are well-off. They have to face challenges in their life without loan. For it is difficult for them to find other jobs” (Chairman of Empathy Club in Ha Trung ward).

Summary: Loans from CARE are used effectively for the purpose of assisting PLHA to stabilise their lives. Although the Vietnamese government has launched different lending programs to eradicate hunger and alleviate poverty, the poor people are not allowed to borrow if cannot show their repayment ability. This shows that the international community has been making efforts and making an effective contribution to improve the life of HIV positive people in Vietnam. Thanks to this aid they feel more confident in their life and actively contribute to minimising HIV transmission among the community and alleviating its negative impact on individuals, families and society.

5.1.5. Activities to maintain equipment provided by CARE

During the implementation of the project *Confronting with AIDS in the Workplace* in Quang Ninh, CARE provided the Empathy Clubs with 8 home-based HIV care kits. These kits contained medicine, bandages and some other medical equipment. As the Empathy Clubs do not have their own offices, these kits are kept

at the offices of the local Women's Union. Whenever visiting patients at their homes, members will go to the offices to get the kits and bring them along.

However, some clubs informed that the tweezers to pick up absorbent cotton and bandages are not available in the kits.

"The bag contains absorbent cotton, bandage, alcohol...etc., generic medicine for skin treatment. There are not tweezers inside the bag, but there are scissors" (Group discussion of home-based care group).

When evaluating the effectiveness of the home-based care kits, the chairman of the Alliance of Empathy Clubs said, "Up to July 2006, there are 2,907 HIV positive people in Ha Long city, of which 350 people are from Cao Xanh ward, 259 from Bach Dang ward, 225 from Cao Thang ward, 200 from Tran Hung Dao ward, 202 from Ha Lam ward and 162 from Hong Hai ward. In such a situation, the kits of medicine and equipment provided by CARE during the period 2000-2004 proved to be very useful." This is the first time the Empathy Clubs receive support in the form of medical equipment and medicine for PLHA. 4 clubs in Ha Long city and 4 clubs in Cam Pha town receive this support. The kits are not only used to support patients who are relatives of club members, but also to care for AIDS patients in the neighbouring wards.

"This project was conducted from 2000 to 2003. At that time the project did not require reporting on the number of people getting care. However, to estimate the number of people being cared for with this kit, the wards reported that every year they brought this kit to give care to 22 to 25 HIV positive people on average. The equipment is used not only for the AIDS patients in a ward with an Empathy Club, but also for patients from other wards. Therefore, we highly appreciate the effectiveness of these support kits" (Chairman of the Alliance of Empathy Clubs).

Summary: 8 clubs received home-based care kits. Members of the care group of the clubs used these kits to give care to AIDS patients not only in the wards with Empathy Clubs, but also in other wards without such clubs. Therefore, the bags were used frequently. However, some bags lack essential equipments for care and support of PLHA. For example, there are no tweezers to pick up cotton and bandage. Currently, basic equipment in the bags are maintained by the clubs. However, activities of the home-based care groups are facing difficulties because there is a shortage of money to buy absorbent cotton, bandages and generic drugs.

5.2. Positive Changes in knowledge, attitude and practice on prevention and care for HIV positive people in the community

5.2.1 Changes in knowledge on HIV/AIDS prevention and care

Before 2000, when the CARE project started in Quang Ninh province, people's understanding about HIV transmission as well as HIV prevention was poor. Thus family members were very scared of HIV positive people and didn't dare to talk to them due to fear of infection. After the CARE project, especially after 80 mothers and wives of HIV positive people were trained on care and support for PLHA, the fear of disease transmission amongst families was reduced.

"First they were very scared to talk [to PLHA] because of poor awareness, limited communication and understanding. CARE and the Women's Union changed members' behaviour completely. At the moment everyone shares candies and drinks water with positive people, they chat with each other during breaks. This is

well done, changing their awareness and behaviour” (Member of home-based care and support group).

“Most members understand well about the 3 transmission ways and methods of care for AIDS patients” (chairman of Ha Trung Empathy Club).

Club members and family members of HIV positive people know well that *“In case pimples appear they should wear the gloves and use separate tools then fire them” (Family of PLHA).*

However, according to the assessment of the Alliance of Empathy Clubs, members of Empathy Clubs haven't understood really well about opportunistic infectious, as well as about principles in the treatment of this disease and ARV.

“Awareness of the club members has changed significantly. However, they do not understand well about treatment regulation of ARV as well as opportunistic infections, for they were not educated well on these topics” (Chairman of Empathy Club).

5.2.2 Changes in discrimination levels

In 2000, before CARE's project with the Empathy Clubs, discrimination towards HIV positive people in the community was very high. When the Empathy Clubs were established and began providing communication and care for PLHA, they faced many challenges not only from discrimination in the community, but also self-discrimination of HIV positive people and their families. Thanks to the patience and skills of officers from Ha Long Women's Union and women activists from the wards/communes, the self-discrimination of HIV positive people and their families has gradually been reduced. This reduction can also be attributed to the context that there are increasingly more members of HIV positive people's families, especially their mothers and wives, participating in the clubs.

“At that time they were very happy to participate because they used to have too much discrimination. At first, when our ward club communicated with HIV positive people, they reacted very critically and threatened to place a mine at the gate if we kept coming. Under such circumstances, some key women officers continued to come to each household; even if they didn't receive us, the following days we came again to persuade them to gradually alleviate their discrimination of HIV positive families. Finally, we persuaded members of these families to communicate and mobilise their children to participate in the clubs” (member of a home care and support group).

According to the assessment of PLHA, discrimination of Ha Long citizens towards them and their families has reduced significantly. Someone estimated that discrimination has reduced by 80% from 100% to 20% today. Previously residents were afraid to use services provided by HIV positive people, now residents are more friendly with HIV positive people.

“Discrimination is reduced by 80% compared to the past. Before, when I was detected with infection, both of us didn't have jobs, my child just died, I was sick to death and didn't have any money. I earned 5,000 VND per day by pumping tyres. I charged 500 VND for pumping and 1,000 VND for fixing tyres. It was much cheaper than others' charge. However, when people with broken down bicycles or tyre puncture passed by, I invited them, but they said nothing. My wife sold crabs in the

market, they returned all crabs after buying because they talked to each other that she was positive with AIDS. My wife threw away the crabs and cried from the market to home” (Person living with HIV).

“Today non-discrimination dominates the community. The ones who have skin rash are given medicine and taken care of at home by the communicators. Neighbours are not afraid of visiting them at home” (Member of Yet Kieu ward Empathy Club).

However, discrimination in the community towards children is still high. One common cause of discrimination towards children is that parents are afraid that their children may be accidentally infected while playing with HIV positive children.

“Nobody will come to eat if we declare we are HIV positive. Discrimination for children is high. The reason is that the small children often bite each other when they play together, which makes parents scared. Almost non-discrimination for adults” (Chairman of the Alliance of Empathy Clubs).

“Discrimination is still serious, especially for children. There are 160 children in my area, but only 55 children are our members” (Member of home-based care and support group).

5.3. Role of women and men in communication and care for PLHA

Nowadays, women (mothers and wives) play key roles in home-based care and support for HIV positive people. They counsel PLHA and are the people that PLHA can rely on. In families, they are responsible for feeding as well as cleaning for AIDS patients. Men do not play a major role in families as a care giver. There are very few men caring for PLHA, some men don't dare take care of their family member due to being afraid.

“Their wives and their mothers take full responsibility of caring. Their husbands and fathers just help a little. They are upset when their children collapsed in such way, but they give up. They just help prepare the meal, but don't want to help clean their HIV positive children for being afraid of getting positive. Everything depends on the mother. They will suffer so much more without their mothers' love” (Chairman of Yet Kieu ward Empathy Club).

The mothers and wives of HIV positive people actively receive the information related to transmission, prevention and home-based care. In fact, club members are mostly women. Only a few men take part in the clubs. The primary purpose of the Empathy Clubs when they were established was to support the mothers and wives of HIV positive people. At first the clubs were given the name, Women Empathy Clubs, but later it changed into Empathy Clubs. This basis provides reasons why so few men participate in the Empathy Clubs.

“Firstly we encouraged some more head of Women Union branches to participate in the clubs. Some men take over from their wives to learn care skills for the wives were ashamed with the positive children (family of HIV positive people).

“Neighbours questioned why I was taking part in a women's club. However, I think I join the club to get information to take care of my son at home” (Male member of care group).

Communicators who are PLHA said that the behaviour of information outreach depends on the gender of the communicators. It is easier for male communicators to approach HIV positive men. This is also true for women.

“Men are easier to talk with, for I am a man. I have to make acquaintance with women gradually, even I have to take my wife to make acquaintance with women before I can approach them. But women accept HIV results more easily than men. Men often ignore and give up, while women are concerned more, asking for the address [of the clubs]” (Male communicator with HIV).

5.4 The Impact of CARE’s Project in Comparison to Other Projects

5.4.1. Reviewing activities of other projects with the Empathy Clubs:

- **The CORE I project - CARE:**
 - Vocational training and job creation for 20 women living with HIV/AIDS.
 - Training of 40 core communicators on skills of communicating, consulting and supporting HIV positive people at home.
 - Training on organisational management of 30 members of the management board of newly established clubs.
 - Consulting, caring and supporting 800 times for PLHA.
 - Training on home-based care for 150 HIV-positive people and their families.
 - Meeting to exchange experiences and performance activities among clubs.

- **The CORE II project - CARE:**
 - Improving the competence of management and monitoring for 8 recently established clubs.
 - Training on basic knowledge of HIV/AIDS, ways of caring for HIV positive people at home, treatments and policies as well as laws related to PLHA for the club members.
 - Maintaining the activities of 20 ward/commune clubs in Ha Long City and 7 clubs in Cam Pha town.
 - Social events, exchanging experience meetings, cultural and musical activities among the clubs and organising “The best communicator on HIV/AIDS prevention” competition at the city level.
 - Training a team of core communicators on skills in communicating, consulting and supporting HIV positive people at home.
 - Training the ways of caring and supporting for HIV positive people at home for the health care group.
 - Communicating knowledge about HIV/AIDS and the ways of caring for AIDS patients at home. Introducing them to Voluntary Counselling and Testing (VCT) centres for testing or to health centres for check up and receiving medical treatment for opportunistic infections, such as tuberculosis.
 - Teaching embroidery for 20 women living with HIV/AIDS.
 - Organising to produce embroidery items and creating jobs for the women trained in CORE I project.

- **Project “Just say – Have just done”(2006-2007)**
 - Support for the management board of 20 Empathy Clubs of wards/communes.

- Training to enhance operating and management skills as well as basic training for 20 new members of the management board of the clubs.
- Training for 60 new members of clubs.
- Maintaining monthly activities.
- Organising the ceremony to launch a communication campaign on the occasion of “World AIDS Day” on the 1st December with the participation of more than 1,000 people, providing 2,000 leaflets and 1,000 condoms.
- Organising a study tour for 40 people, including leaders and core members of 20 Empathy Clubs, to the Bright Futures group in Hanoi and HIV/AIDS treatment centre in Tay Ho District.
- Organising a policy lobbying conference.
- Giving presents to 50 orphans whose parents died of AIDS and are living under difficult conditions on the occasion of The Mid Autumn Festival.

In addition to the above projects, The Women’s Union also received support from other international projects such as the Global Fund project, Life Gap project and a UNICEF project. These were short-term projects supporting the Women’ Union, not directly with the Empathy Clubs. Some members of Empathy Clubs of all wards also benefit from these projects. Thus the most direct and continuous support for the clubs has been from CARE’s projects.

“We have had the National project, Life Gap project and Global Fund. UNICEF have supported from 3 to 5 months, but through the Women’s Union in the City. The organisation supporting most often is CARE. CARE supported the establishment of 4 initial ward clubs and then the clubs in other wards” (Chairman of the Alliance of Empathy Clubs).

Summary: All the activities in the projects CORE I, CORE II, and “Just say – Have just done” are similar to the activities of the CARE project, Confronting with HIV/AIDS in the workplace, during the period of 2000 to 2003. The other projects have followed after the CARE project finished. In these other projects, there are two activities which were not conducted in the Confronting with HIV/AIDS in the Workplace project, namely vocational training and distributing products made by HIV positive women for income generation; and supporting orphans whose parents have died of AIDS. Therefore, it is difficult to show the difference between the impact of CARE’s activities in 2000 to 2003 and those of the following projects. There is one thing that can be concluded, that the project activities in 2000 to 2003 created a foundation for the other projects of CARE and other international organisations in Quang Ninh province that were implemented later.

5.5 The impact of the CARE project on the activities of the Empathy Clubs

According to the evaluation of members of the Empathy Clubs, the main impact of CARE’s project between 2000 and 2003 was the increased capacity through training of communicators and caregivers.

“Talking about training activities, CARE has been successfully from the provincial level. Although the amount of money to support activities is not large, it can encourage them” (Member of care group).

As a result, 80 women were trained on home-based care for HIV/AIDS patients, 16 health workers and Women’s Union officers were also trained on how to organise activities and manage clubs. Through the club activities, the knowledge

about HIV/AIDS of club members, who are HIV positive people' families and relatives, was improved.

"Thanks to the CARE project, I have known much more about HIV/AIDS. The health workers come to us to communicate, so the prevention is better, treating and having meal with HIV patients is more harmonised. Before that I was always afraid but now I have much progress" (Member of care group).

Perhaps the biggest impact of CARE's project on all Empathy Clubs is that the project established a foundation and made the first steps in fighting discrimination against HIV positive people in Quang Ninh. Before CARE's project, the Quang Ninh community in general and the Ha Long women in particular were afraid of PLHA and the self-discrimination and discrimination from the community towards PLHA was very high. Through the activities of the CARE project, the discrimination has decreased, but has not been eradicated completely.

"Before the CARE project the women suffered from inferiority complexes, they didn't dare to open. But since they took part in the clubs supported by CARE, they have been more self-confident. They are voluntary joining the clubs and then persuade others to join. They received psychological as well as material support. Their families fell out of inferiority complexes and encouraged their children to take part in. The HIV positive people have gotten over inferiority complexes and concealment" (Chairman of Yết Kiêu ward Empathy Club).

5.6 Strengths and weaknesses

The analysis of the activities and impact of the CARE project on the Empathy Clubs, suggested the following strengths and weaknesses:

5.6.1 Strengths

The strongest point in the activities of the CARE project between 2000 and 2003 is the training on club operation and management for the leaders of clubs. Following the training, a lot of women have become the club managers.

"The training activity of the CARE project is professional. The knowledge obtained is better than what the group self studies. The training courses for leaders of clubs are excellent. The women have applied them to manage the clubs successfully" (Chairman of the Alliance of Empathy Clubs).

From the starting point of the project, Confronting with HIV/AIDS in the Workplace, and the following projects such as CORE I, CORE II and STRONGER, CARE has implemented a community based model of intervention. This model has included building partner relationships with the Empathy Clubs, improving the monitoring and management of clubs' leaders, supporting organisational growth, providing technical support, training on monitoring, planning, financial management, as well as report writing. These activities make the projects of CARE highly sustainable as they strengthen the community-based organisation.

"Thanks to the support of CARE in the projects such as Confronting with HIV/AIDS in the Workplace, and the following projects such as CORE I, CORE II and STRONGER, the managers of the Alliance of Empathy Clubs have organised training courses to improve the skills of making action plans and financial plans,

writing reports and organising meetings or communication sessions in the community for 20 members of the management board of the Empathy Clubs. Therefore, the sustainability of the project is high” (Chairman of the Alliance of Empathy Clubs)

Secondly, the project organised training for club members about the causes of HIV infection and how to prevent infection, as well as how to care for HIV positive people at home. HIV positive people’s wives and mothers have been provided with enough knowledge to look after their husbands and sons, as well as other HIV positive people in the community.

“The most successful thing is the communication activity in the community and the home-based care and support. The club members who are trained applied the knowledge of home-based care very well” (Chairman of Yết Kiêu ward Empathy Club).

The third strength of the project is that the Empathy Clubs have expanded the network of clubs and their membership. When CARE started supporting this intervention, there was only one club supported by UNICEF. Then CARE helped to establish 8 more clubs in the period of 2000 to 2003. Now the Alliance of Empathy Clubs has 20 clubs. At first, each club had just 15 to 20 members, but now the number has increased to between 60 and 70 members.

“At the beginning there was only one club supported by UNICEF, but since CARE helped in 2004 the number of clubs has increased to 12 with an average of 50 participants. In 2007, there are 20 clubs with 1,483 members”(Chairman of the Ha Long Alliance of Empathy Clubs).

5.6.2. Weaknesses

Each Empathy Club was given a home-based care kit. In the kits were tools for basic care, generic medicines, cotton balls and bandages. However, some of the kits are now missing some essential tools for caring for PLHA, such as tweezers and gloves.

When the project was in operation, the number of PLHA becoming AIDS patients was high, but there was only 8 Empathy Clubs (4 in Ha Long and 4 in Cam Pha) with home-based care kits bags. The number of kits was not sufficient to provide care for PLHA in the areas of Ha Long city and Cam Pha town.

“The number of kits is insufficient. Each ward has only one kit, while the number of patients is high. At the first stage, when there was no other support, we were in short supply of both medicine and tools” (Chairman of Alliance of Empathy Clubs).

Another weak point, which few interviewees identified, is that the Empathy Clubs focus on attracting only women. In recent years, the board of management has paid much attention to attracting HIV positive people, through this the clubs have now got some core male members. However, they should pay more attention to attracting male members and encouraging them to share with women of the caring and supporting for PLHA at home.

5.7 The suitability of activities with the current context of the Empathy Clubs

According to the evaluation with club members and leaders, the activities designed and implemented in the CARE project are still suitable to the current conditions and needs of the Empathy Clubs, especially communication for PLHA and their family about HIV/AIDS, prevention methods and home-based care. Many of the PLHA members educated with this knowledge have died and younger newly infected people are in the community. As people are being newly infected all the time, it is important that they are reached by communicators and equipped with knowledge to prevent further HIV transmission. It is also necessary to conduct open communication activities aimed at teenagers and youth, especially those with high risk behaviour to help them protect themselves and reduce the rate of HIV infection in Quang Ninh.

"In my opinion, the previously designed activities are still suitable with current conditions. There are a lot of drug users and HIV positive people. The HIV positive people at the age between 35 and 37 have died, but the number of HIV positive people between 18 and 25 is large. It is quite good if we can keep implementing the activities as before. If we can't it is their loss" (Member of home care group).

However, the training for core communicators would need to be reviewed and improved to suit the current context. It is necessary to educate more about Behaviour Change Communication (BCC) in order to help people apply their knowledge through conducting and maintaining safe practices, thus reducing their risk of infection. The training courses should pay attention to in-depth education about caring for HIV positive people at home, including opportunistic infections treatment and adherence to ARV treatment. It is especially necessary to provide enough tools in the home-based care kits.

"During the training courses we shouldn't talk too much about the process of preventing and avoiding infection. It is necessary to train about opportunistic infections and how to treat them. I find the tools in the kit are not enough; there is only one pair of scissors but no tweezers. The project officers may not have good knowledge on health care as they equipped us with cotton balls, gauze but no tweezers" (Member of home care group).

However, in order to maintain activities more stable funding is needed. The money from memberships is only enough for the club meetings.

"In my point of view, the previously implemented activities are still good, it just needs more financial support. When visiting HIV positive people, we should have a small gift as material encouragement. Talking only doesn't interest them. Thus, sometimes we have to use our own money to buy something for them" (Chairman of the Alliance of Empathy Clubs).

5.8 The Need for Support

5.8.1 Training needs

The key training needs identified related to improving knowledge and skills in HIV/AIDS. A peer educator identified some topics for training:

"Since the CARE project finished there has not been any training courses. We always are in need of training on opportunistic infections. Skills in approaching and

communicating are not enough and knowledge about laws for HIV positive people is inadequate as well" (PLHA core communicator of Empathy Club).

If possible it is suggested to equip young core communicators with more in-depth knowledge on HIV/AIDS. The knowledge will help them to conduct communication tasks for HIV positive people better, not only on how to prevent infection, but also how to treat opportunistic infections or use ARV.

"At a training course, someone raised a question why his CD4 decreased when he strictly followed treatment and how to deal with that? If I had known clearly about it I could have explained to him. But I didn't know the reason why" (PLHA core communicator of Empathy Club).

Most boards of management and core communicators of the clubs said that knowledge of club management is still low, especially related to monitoring. Therefore, needs for training and retraining in managing and supervising clubs are considered to be important.

"We hope in the coming time the training courses about monitoring, managing and supervising clubs will continue" (The Chairman of the Alliance of Empathy Clubs).

5.8.2 Needs for materials and exchange meetings

The second need that many communicators and club members mentioned is in the provision of communication materials such as leaflets or booklets. Actually the education level of communicators who are mothers or wives of HIV positive people is not high. The knowledge they get from training courses can be easily forgettable over time. Therefore, it is best to have communication materials to refresh their knowledge and to give to others. Ideally these leaflets or booklets should have a large font and illustrative images.

"It is necessary to have good documents and finance for the women to work better" (Member of Empathy Club).

As well as being trained and provided with documents for communication, club members also want to exchange and learn from the experience of other clubs and organisations in the area.

"We haven't had any chance to exchange with one club or another to gain experience" (Member of home care group).

5.8.3 Need for identification

Approaching targets is not always easy. Many PLHA core communicators said that if each of them had an identification card with the seal of an authorised organisation they could reach out to people in the community more easily.

5.8.4 Need for health care equipment and medicine support

As mentioned above, the members of the home care group said that they currently have a lot of difficulties in providing care and support to AIDS patients at home. One reason given is the lack of essential tools in the home-based care kits, such as cotton, bandages, alcohol, needles, syringes and common medicine. If there is no supplementation of these tools and medicine when they run out, the effectiveness of the kits will not be high. Thus, many people involved in the evaluation asked for provisions of basic and essential tools in home-based care for PLHA.

"There is a medical box right in the operation area. The peers are given medicine to reach out to community. Previously, CARE provided 4 clubs with 4 medical boxes, but no medicine inside so I think they are inefficient" (Chairman of the Alliance of Empathy Clubs).

5.8.5 Need for financial support and job creation

One of the most urgent needs of PLHA, club leaders and members, is the need for financial support and job creation. The needs related to financial support are classified according to the following targets:

- 1. PLHA

Most of the PLHA in Quang Ninh are young people and many have no jobs or income. They need to firstly be supported to find a job that is suitable with their health status and provide a stable income to look after themselves and their families. Secondly, they need to continue getting loans from the fund established by CARE. Some club members previously received loans, but they had to reimburse the loan within one year. Many club members complained that the term of the loan is too short. When they got the loan, they don't have enough time to repay the fund, as well as create their own capital to settle their lives.

"Within the club, the members with difficult lives got the loans. 12 million VND for each club and each member in difficult situations could borrow 1 million. But the term of loan is one year only. After 1 year they have to reimburse the fund to alternate it with other clubs. Now some of those people who once got the loan are still in difficult conditions, we want to keep the loan, but we can't" (Chairman of an Empathy Club).

It is difficult for HIV positive people to find jobs even when they are still strong, so most of them have no income. Therefore, they have no savings for when they are ill. It is especially difficult for those that move into the AIDS stage of infection, as they are weak and can easily acquire opportunistic infections. Thus, it is necessary to provide them with financial support.

"The AIDS patients have difficult lives. They do not have a job as well as income. Therefore, it is good for them to receive financial support" (Member of home care group).

- Core Communicators

There is need for supporting the living expenses of core communicators. Currently, the majority of club members are members of the Women's Union or retired people. They have income from other jobs, so the need for money from communication work is not significant. However, if using communicator teams of PLHA, it is necessary to support them to cover living expenses so that they can do their communication job, otherwise they will have to focus on earning income.

"Most of us have pension so we take the job. For young people including HIV positive people, a few hundred thousand dong is not enough for them. They have to earn money to raise a family" (HIV positive person's family).

- Fund for visiting AIDS patients and their families

According to Vietnamese custom when visiting a sick person, a small gift should be taken to encourage them. In fact, members of and the home care groups have to use their own money to buy present for AIDS patients and when paying a condolence visit the family of someone who has died.

"If we have financial support, we can only visit them, if we don't have support we have to pay our own money when we go to see them. We know they are very happy when we come to see. But a small gift will be better. We said we would come to see and when coming to see we knew the patient died we wanted to condole and we had to use our own money" (Chairman of a Empathy Club).

5.8.6 Need for office support

One of the difficulties of the management board of the Alliance of Empathy Clubs is that they don't have their own office. Currently they use the office of the Ha Long Women's Union. The problem here is that it is difficult to attract HIV positive people to the clubs as they are afraid of coming into government offices.

"The Board of management is working in the office of a State organisation, so some HIV positive people who want consultation are afraid of coming to State organisations. If possible we want to rent an office. In the State organisation there are a lot of people, it is difficult for them to ask for consultation. We want to hire an office with computer, printer and stationary support like in Hoa Xương Rông Club. At the commune and ward level the office is not a problem, they can organise club meetings in cultural houses or in the office of the Women's Union" (Chairman of the Alliance of Empathy Clubs).

5.8.7 Need for support for orphans

At this time, the number of AIDS orphans and HIV positive children in Quang Ninh is relatively large. CARE supports about 50 children under the STRONGER project. Many other children are in difficult living conditions. Therefore, the Empathy Clubs want to find resources from international organisations in order to support these children.

"I think the project needs to pay attention to orphans living with HIV. Currently the number of HIV positive children in the village and commune community is relatively high. Their lives have a lot of difficulties" (Group discussion of home-based care group).

5.9 Recommendations for Empathy Clubs

From the above analysis, s recommendations have been made as follows:

1. Training support for Empathy Clubs

The training program should mainly focus on the following topics:

- Opportunistic infections
- All issues related to treatment and adherence to ARV
- Nutrition for HIV positive people
- State policies, benefits and laws for HIV positive people
- Knowledge on management, operations and report writing for the Board of Management.
- Methods of BCC for behaviours relating to HIV prevention, care and reduction of discrimination
- Knowledge of home-based care and support for AIDS patients

2. Maintain and develop lending activities to support the club members

As analysed above, the Empathy Club board of management rotates the capital funded by CARE among the club members. Each member can get a loan over a one-year term. According to the borrowers, this term is too short for them to develop the capital and establish a business to support their life. Thus, extending the term of the loan for those who are qualified to get the loan (poor households in need of capital for business) to 2 or 3 years would be helpful.

3. Promote communication for behaviour change in HIV prevention and reduction of discrimination

Over recent years, the discrimination towards PLHA has been reduced. However, this change is limited to just sympathy for PLHA, it hasn't been transformed into people actively providing support for PLHA in the community, through providing jobs, income or using services provided by PLHA. The reality of communication and propaganda activities in all social and economic sectors of Vietnam shows that they may become less sustainable if they are not maintained and promoted continuously. Therefore, it is necessary to further promote communication on behaviour change in this area, so as to reduce the discrimination towards PLHA and extending their sympathy to action.

4. Continue home based care for PLHA

There are difficulties in treating AIDS patients in health units due to the shortage of human and material resources. Therefore, home-based care and support is an important intervention to offset such shortages in health care infrastructure. Social organisations such as groups, clubs and associations play an additional role in disseminating information and supporting family members to care for patients. This activity of the clubs should be continued to improve the supporting role of the community in caring for the positive people and reducing costs for society.

5. Financial support

The financial support needed is divided into some following types:

- For maintaining the home based care kits equipped by CARE in the previous project, including providing some generic medicine and essential tools for caring for AIDS patients in the home.

- For core communicators who are HIV positive people. Providing support can help them have stable lives and become a professional communicator in the community. If this were the case, the clubs could select dedicated members and settle the structure of communicator teams.

- For the management board of project for support in expenses related to visiting AIDS patients and their families.

6. Support in job creation for PLHA

Particularly for widows with HIV, who may have low educational level and no jobs, their lives are very difficult. It is really difficult for HIV positive people, especially women, to find a job suitable to their health and educational level. CARE can cooperate with the Women's Union to require authorities at all levels to help create jobs for these women.

Specific support that CARE can provide includes vocational training, job allocation, as well as finding sources and buyers for products made by PLHA. For example, for those who want to be involved in retail business, CARE can coordinate with the Women's Union to organise training courses on selling skills and approach

local authorities for allocation of business settings and for tax exemption. There is also the possibility of providing loans for creating business. The term of the loan should not be limited to only one year, but should be extended to 2-3 years.

7. Support for Orphans and Vulnerable Children (OVC)

According to the report of the Ha Long Women's Union, there are about 800 HIV/AIDS affected OVC in the city of which a number are HIV positive children. At this time, CARE provides regular support for 50 children. It would be good to increase the number of children supported. It is important to provide their caregivers with knowledge of child development in both psychological and physical aspects (e.g. nutrition and health care). Caregivers also need support to have stable incomes to look after children. The specific support is as follows:

- To mobilise the contribution of individuals and organisations in the support and care for HIV positive children and orphans via donating money or goods and creating jobs for their caregivers.
- To create conditions for the children to study and play. A possibility is to talk with the authorities to allow the children to go to school together with other children.
- To coordinate with the Women's Union to persuade the local authorities to provide free health insurance to HIV positive children and orphans.
- To organise other classes and social activities for OVC, so they can get an education and have time to have fun.

8. More intensive communication to attract male participation

Currently, men are outside of almost all the movements' related to reproductive health care in general and within HIV/AIDS in particular, especially related to providing home-based care for PLHA. Although some men do not have discriminatory attitudes towards members of their family that are PLHA, they still do not help to provide care to them. In fact, due to Vietnamese traditions, mothers and wives have been responsible for caring for all members of the family whether they are healthy or ill. This is the main reason why men rarely help with home-based care. Therefore, it is necessary to persuade men to receive information about HIV, to become involved in providing information as communicators and to be willing to share with women the responsibility of home care for HIV/AIDS patients. To attract men to these activities, it is necessary to engage with some other mass organisations, such as the Veteran Association or Farmers' Association, not only the Women's Union.

6.0 Survey Results for Companies

According to the final assessment of the Confronting with AIDS in the workplace project, the project was carried out with 20 companies, including 17 Vinacoal companies and 3 other companies (Quang Ninh export garment company, Quang Ninh bus transportation joint stock company and Tourism company). The achievements of the project in relation to the companies are as follows:

- 20 orientation conferences for employees.
- 20 conferences on developing policies for managers.
- 100 supervisors and 20 members of the Board of Management of the companies were trained in developing policies on HIV/AIDS prevention in the workplace.
- 20 companies developed policies and annual plans for HIV/AIDS prevention.
- 592 communicators at the company level passed training courses.
- Communication activities on HIV/AIDS were carried and as a result 60,000 people benefited from the project.

By the end of 2003, the project had finished and followed up on all the support activities for companies had also stopped. The objective of the evaluation is to determine whether the companies kept implementing HIV/AIDS activities after 2004.

To evaluate the sustainability of the project activities, the research was conducted with companies using a combination of quantitative and qualitative methods, as described in the methodology section. The quantitative method involved guided questionnaires for 936 respondents. The demographic characteristics of the respondents are shown in Table 1.

Table 1. The percentage of respondents by demographic characteristics at the time of the ex-post evaluation (May/2007)

	<i>Employees started after 2004</i>	<i>Employees started before 2004</i>	<i>Communicators & managers</i>	<i>Total</i>
Total number	248	512	203	963
% Age group				
18-24	40.3%	1.8%	2.5%	11.9%
25-44	58.9%	74.3%	60.4%	67.4%
Over 45	0.8%	23.9%	37.1%	20.7%
Total	100%	100%	100%	100%
% Education level reached				
University and college	19.8%	18.0%	63.05%	27.9%
Technical secondary and vocational school	76.6%	69.7%	35.96%	64.4%
High school	2.8%	6.4%	0.49%	4.3%
Primary and secondary school	0.8%	5.9%	0.49%	3.4%
Total	100%	100%	100%	100%
Marital status				
Single	60.7%	12.2%	5.4%	23.3%
Married	38.5%	84.0%	93.1%	74.3%
Separated	0.4%	0.6%	1.0%	0.6%
Divorced	0.4%	1.15%	0.5%	0.8%
Widow/widower	0.0%	1.1%	0.0%	1.0%
Total	100%	100%	100%	100%
Occupation				
Office staff	10.3%	15.1%	29.6%	17.0%
Worker	86.4%	78.9%	22.1%	68.7%
Manager	2.1%	5.8%	48.3%	13.9%
Others	1.2%	0.2%	0.00%	0.4%
Total	100%	100%	100%	100%

The initial planned sample size for the questionnaires was about 900, including 700 employees and 200 communicators and managers. However in the process of collecting the data, the number of questionnaires was increased in some companies, as such the real sample size for the qualitative questionnaire is 960 people with 760 employees (248 started working after 2004 and 512 before 2004) and 203 communicators and managers in the companies.

With regards to the ages of the group, 11.9% of the total sample was aged between 18 and 24, 67.4% between 25 and 44, and 20.7 % were over 45.

27.9% had graduated from university or college, 64.4% had completed technical secondary and vocational education, 4.3% had finished high school and 3.4% have finished primary and secondary school. The people with university or college education were mostly communicators and managers. In general, the figures above allow us to conclude that the education of respondents is relatively high.

In regard to marital status, 23,3% are single and 74,3% are married.

In terms of respective occupations, 67% were workers,, 17% were office workers and managers accounted for 14%of respondents.

6.1 The Project's Sustainability

6.1.1 Activities of training for Communicators and Managers

According to the evaluation there have been two companies since 2004 inviting Provincial AIDS Control Committee to come and train Communicators and Managers in HIV/AIDS knowledge, communicational skills, and managerial skills. They are Hà Tu Coal Company and Hà Lầm Coal Company. It is also worthwhile to note that The Quang Ninh Garment Company is planning some Communicators be trained for which is being supported by the Smartwork project.

Table 2: The percentage of communicators and managers being trained and the content of training. (After 2004 to 2007)

<i>Training Status</i>	<i>Communicators</i>	<i>Managers</i>	<i>Both</i>	<i>Total</i>
Trained	34.2%	54.0%	40.6%	43.9%
Non-trained	65.8%	46.0%	59.4%	56.1%
Total	100.0%	100.0%	100.0%	100.0%
Total number	79	87	32	198
Training Content				
Way of infection and prevention	31.3%	48.3%	40.6%	40.2%
Against discrimination	22.5%	41.4%	34.4%	32.7%
Consultation on treatment medicine of opportunistic infection	8.8%	18.4%	18.8%	14.6%
Consultation on ARV medicine	12.5%	23.0%	15.6%	17.6%
Consultation on HIV/AIDS and care	17.5%	36.8%	25.0%	27.1%
Place for volunteer test and consultation	8.8%	17.2%	9.4%	12.6%
Skills of communication	15.0%	26.4%	18.8%	20.6%
Skills of planning, project formulation and HIV/AIDS policies making	3.8%	11.5%	6.3%	7.5%
Total number	80	87	32	199

According to the results from the questionnaires the percentage of those trained for knowledge of HIV is relatively high – 43.9% said that they were trained, including 50% of managers. The companies also reported that they couldn't organise the training courses as professionally as CARE did during the project:

"It is difficult to organise training courses as professionally as CARE did. But we were still successful in transferring the knowledge learnt. At this time, the activities of AIDS prevention are combined with the activities of youth and labour unions and health care." (Cao Sơn Coal Company)

"When CARE's project was finished, the training courses for communicators also stopped. However, recently we have had the Smartwork project organise our training." (FGD of communicators, the Quang Ninh export garment Company).

The project is considered sustainable because it successfully persuaded the companies to have greater awareness of the importance and benefit of HIV/AIDS prevention in the workplace. The companies have actively developed communication as well as updated HIV/AIDS information for their employees since CARE's support. 40% of interviewees reported that they have been retrained by the companies since 2004. The issues that companies are particularly focused on are transmission, prevention, and anti-discrimination.

6.1.2 Communication activities for employees

According to end-line statistics, there are 600 Communicators being trained as basic level communicators. By May 2007 some of changed their jobs, some others stopped working (see the following Appendix 4 for details).

"Before we had 2 Communicators at provincial level and 39 at company level, but at present the number is 15 working in the company. For a long time we haven't had any activities of HIV communication. So they are part of the other communication activities" (Representative of Quang Ninh export garment Company)

This situation appears to be common. The Directors or Head officers of Health from the 10 companies report that they currently keep implementing the communication of HIV/AIDS for their employees, however it is combined in the meetings of Women's Day, World AIDS Day or with annual meetings on various issues such as environmental sanitation, or work safety.

6.1.3 Targets of communication

The 3 main targets receiving communication was ranked as following:

1. Families
2. Friends
3. Company Civil servants

(See figures shown in Table 3). The communicators mainly targeted their loved ones and company staff. This reflects the strong contribution of the project of educating many community based people, in addition to directly within the company.

Table 3: The distribution of percentage of communicators by their targets and methods in the period of 2005-2007

<i>Target</i>	<i>Communicator</i>	<i>Manager</i>	<i>Both</i>	<i>Total</i>
Families	87.8%	75.0%	78.1%	80.7%
Friends	89.0%	75.0%	71.9%	80.2%
Civil servants	80.5%	76.1%	81.3%	78.7%
Neighbours	65.9%	55.7%	65.6%	61.4%
Colleagues as communicators	45.1%	38.6%	40.6%	41.6%
Total number	82	88	32	202

6.1.4 Methods of Communicators

The methods communicators applied were mainly talking in small group and meeting each person face to face (Table 4). For people involved in both management and communication, they also used the internal information channel (e.g. microphone) to communicate.

Table 4: The distribution of communicators and managers by methods applied to communicate at time ex-post evaluation (May/2007)

<i>Content</i>	<i>Communicator</i>	<i>Manager</i>	<i>Both</i>	<i>Total</i>
Talking in small group	84.1%	68.2%	75.0%	75.7%
Meeting each person	56.1%	46.6%	53.1%	51.5%
At meetings	14.6%	28.4%	37.5%	24.3%
Internal information channel	13.4%	19.3%	21.9%	17.3%
Total number	82	88	32	202
Average number of objectives per month	12±17	11±18	22±46	13±25

According to the evaluation it was reported that “*Communicating in a small group is the most efficient*” (Cao Son Coal Company). However, this method is rarely used anymore - only the Ha Tu Coal Company applies it.

“For over the last 2 years (2005-2007) the method of communicating in a small group has disappeared, and giving leaflets, using the notice board, or microphone is used.” (Quảng Ninh export garment Company)

“They usually combine communications with other activities now. For example, at the annual meeting on safety, HIV/AIDS was mentioned. If someone needs advice we will give it to them. Sometimes there will be a group of young people come together to ask about HIV/AIDS and we will assist them”. (The chief of woman affairs of Hòn Gai Coal Company)

Of additional importance to note is that there have been a number of changes in personnel at management level. These Company leaders were known to be committed to the project's activities and methods but since retired or changed jobs. This seems to affect continuing certain activities including communicating in small groups. This has reportedly been the case, in the coal companies of Đèo Nai, Cửa Ông, Thống Nhất, Cao Sơn; and Hà Tu,

“Our manager is a new. He is young, and comes from other company after 1 year so he pays very little attention to HIV/AIDS prevention in the company”. (The Deputy Chairman of Labour Union, Thống Nhất Coal Company)

6.1.5 The information of HIV/AIDS received by labourers

According to survey results, 90.1% reported they received information about HIV/AIDS since 2004 at least once. 77.8% said this information related to HIV/AIDS prevention, and 74.6% reported information about transmission. The difference between the employees recruited before and after 2004 regarding received information is not statistically significant (P- value > 0.05).

Table 5: The content of information received by Labourers prior 2005 as a percentage

<i>Content of information</i>	<i>Employees starting work after 2004</i>	<i>Employees starting work before 2004</i>	<i>Both</i>
Receiving information since 2005	88.2%	91.1%	90.1%
Way of prevention	77.8%	77.7%	77.8%
Way of infection	72.6%	75.6%	74.6%
Anti discrimination	62.9%	57.0%	58.9%
Consultation on disease and care	48.0%	46.5%	47.0%
Volunteer test and consultation place	40.7%	36.1%	37.6%
Cure with anti virus drug ARV	39.1%	31.4%	33.9%
Cure and care opportunistic infection	30.6%	27.3%	28.4%
<i>Number of people</i>	248	512	760

The source of information received by employees is also of interest. It is apparent that the meetings are the most used source. (See Table 6)

Table 6: The source of information received in 2007 as a percentage and comparison to 2003

Source	Evaluation of impact in 2007			Terminal evaluation in 2003
	Employees starting work after 2004	Employees Starting work before 2004	Both	
Meeting responding the movement of HIV/AIDS prevention	56.9%	52.1%	53.7%	64.7%
Communicating in small groups	16.9%	30.3%	25.9%	83.2%
Informing through the policies of the company	25.8%	38.7%	34.4%	66,2%
Leaflets and posters in the company	25.8%	35.7%	32.5%	79,3%
HIV/AIDS understanding competitions	29.4%	33.0%	31.8%	49.5%
Notice board	22.6%	29.1%	27.0%	68,6%
Internal information channel	23.4%	28.9%	27.1%	-
Training courses and workshops	19.0%	28.5%	25.4%	48.6%
Musical performance in the companies	17.7%	22.1%	20.7%	62.9%
"Information of HIV/AIDS - A booklet for working people"	11.3%	17.4%	15.5%	89,3%
Total number	248	512	760	950

6.1.6. The activity of providing condoms

Almost all companies surveyed said that they provided free condoms to their employees during the project. However, since it ended, condoms have not been provided regularly. This has been attributed to the companies depending on external support such as the Quang Ninh HIV/AIDS Control Centre or Committee of population, families and children fro birth control activities.

Some companies, for example the Transportation Company, deduct an amount of money from their employees' salaries to buy condoms and then put them in the toilets. Most employees seem to support this method.

"We put condoms in the company toilets. At first they were too shy to take them, but they are not like this anymore. Without support we need to take a small amount of money from their salaries to buy condoms. They are very happy for not needing to buy condom themselves. Now all the drivers have condom in their lorries." (a female staff of the Transportation Company)

The quantitative statistics indicates that the percentage of employees working the companies receiving free condoms is 66.8% before 2004, meanwhile only 42.1% after 2004. However, according to the communicators, the percentage is up to 72.1%.

Table 7: The distribution of condom availability

Content	Employees Starting work after 2004	Employees starting work before 2004	Communicators and managers	All
Free	42.1%	66.8%	72.1%	61.7%
Employees make contribution	9.6%	6.0%	7.5%	7.2%
None	48.3%	27.2%	20.4%	31.1%
Total	100%	100%	100%	100%
Number of people	240	503	201	944

6.1.7 Discrimination of HIV/AIDS positive people in the companies

Two questions were asked to evaluate the level of discrimination

1. Since 2004 until now, how many HIV/AIDS positive cases have been in your company?

2. What will you do if you know a person is living with HIV in your company?

The result shows that about 50% of respondents say they don't know any HIV positive people in the company. The percentage for employees entered the company after 2004 is higher than ones entered before 2004 (61.7% compared to 48.1%). For communicators and managers, the percentage is much lower than employees. This means that the companies make sure to keep personal information for PLHA confidential. Although they know who are HIV positive people they never let other employees know (the percentage of not knowing about PLHA for managers is low but for employees is high).

Table 8: The percentage of employees knowing about the number of PLHA in the company at ex-post evaluation (May/2007)

The number of PLHA known since 2004	Employees Starting work after 2004	Employees Starting work before 2004	Communicators and managers	Total
1-2	14.1%	16.2%	28.5%	18.2%
3-5	2.4%	9.0%	18.0%	9.2%
6-10	0.4%	1.6%	3.5%	1.7%
Over 10	2.0%	4.9%	8.0%	4.8%
Not find out	19.4%	20.2%	16.5%	19.2%
No idea	61.7%	48.1%	25.5%	46.9%
Total	100%	100%	100%	100%
Number of people	248	511	200	959

With regard to right to work, the majority of respondents said that PLHA should still keep their positions in the company (66.1%). (See Table 9)

Table 9: Attitude in regards to employment for PLHA in the company at time ex-post evaluation (May/2007) as a percentage

<i>The recommendations regarding employment for PLHA in the company</i>	<i>Employees Starting work after 2004</i>	<i>Employees Starting work before 2004</i>	<i>Communicators and managers</i>	<i>Total</i>
Give them sack	8.1%	10.5%	4.3%	8.1%
Move to lower position	16.1%	25.4%	17.1%	21.1%
Remain in position	71.0%	60.2%	72.6%	66.1%
Other	4.8%	3.9%	6.0%	4.7%
Total	100%	100%	100%	100%
Number of people	248	511	200	959

The percentage of employees with the solution of giving PLHA the sack is relatively low (8.1%). But in comparison, the percentage of communicators and managers accounts for only half (4.1%). This could be due to a greater awareness on regulations of law.

From the figures above, it is possible to interpret that discrimination against HIV/AIDS positive people in the companies is still present, but minimally.

6.1.8. The activities of support and care for employees with HIV

According to most of the surveyed companies, in if an employee reports he/she is HIV positive, they will arrange jobs for them in consideration of their health with the aim of ensuring maintained health for the employee and productivity for the company. Any decision by the employer to move the employee into another position on their own, which affects their income and work life, violates the newly implemented law on HIV/AIDS.

This shows that the companies have implemented working policies to support employees who are living with HIV.

"If a HIV positive employee is not strong enough to do his work, arranging him another suitable job is possible and we keep the reasons why this is necessary confidential." (The leader of Hòn Gai Coal Company).

If employees who are HIV positive advise the company of their status they will also be provided with treatment and support in Quang Ninh Provincial Hospital. The company health care service will also provide them with treatment for opportunistic infections. The money to purchase medication is through special supporting funds set up by the company.

6.1.9 Activities with local organisations (Quang Ninh HIV/AIDS Control Centre; Ha Long AIDS Control Committee; and other organisations)

Since the CARE project finished, some companies such as Ha Lam, Quang Ninh export garment, and Hon Gai have cooperated with Quang Ninh HIV/AIDS

Control Centre, Committee of population, families and children to provide for support. In addition to this, some companies have cooperated with the provincial hospital and Centre for Health Care to provide support and treatment for people living with HIV, for example, provide company employees periodical health examinations.

Some companies have also made contributions of resources to support the local authorities in encouraging the movement of HIV/AIDS prevention. This indicates that the local authority can mobilise potential resources from enterprises for activities of HIV/AIDS prevention more effectively if they have specific policies and strategic plans implemented. The result of this would be contributing to sustainability.

"When the local authority launches activities on HIV, we provide support by arranging a team of cars." (Leader of Hòn Gai Company)

6.2 The development and implementation of policy on confronting HIV/AIDS in the workplace from 2004 to 2007

The companies are committed to providing education on health issues and safety in the workplace. They realise that the health of the employees is one the most important elements in the manufacturing process. Specifically for health education, HIV prevention education is a primary interest for many of the companies.

"The sustainability of a company is based on 3 factors: productivity, staff training, and employee health. We consider the health issue is one of the most important factors for the sustainability of company. HIV/AIDS prevention aims at stabling employees' health so we highly value this health education issue." (Leader of Cua Ong Coal Company).

The result of the quantitative survey shows that up to 95% of Communicators and Managers are aware of the HIV/AIDS policy of their company. For employees, the percentage is 85.7% including 86.5% by Employees who started work before 2004 and 84% after 2004. These are very high results. The respective results in terms of the content of the policy are shown in Table 10.

According to the qualitative statistics, the percentage of Communicators and Managers knowing about company's policies is higher than Employees'. The difference may be due to two reasons: Information about the policy hasn't been communicated more broadly to employees from communicators and managers. Secondly, it is more the responsibility of the communicators and managers to implement the HIV/AIDS prevention policy.

Table 10: Respondents awareness of the implementation of a HIV/AIDS prevention policy in their company as a percentage

Content of policy	Employees started after 2004	Employees started before 2004	Communicators and Managers
Ensuring HIV status remains confidential	44.4%	54.9%	72.9%
No discrimination	59.7%	55.5%	77.8%
Broadly communicating about HIV prevention	61.3%	60.9%	71.4%
Voluntary HIV testing	19.4%	24.4%	22%
Not forced to leave company	41.5%	36.3%	70.4%
Not forced to move positions	29.8%	26.6%	55.2%
Support for treatment and care	41.9%	40.0%	65.5%
Establishing a fund for HIV prevention	36.7%	36.9%	49.3%
Total number of respondents	248	512	202

6.2.1. Broadly communicating HIV prevention in the workplace

As we can see from Table 10 above, the percentage of people aware of the broad communication of HIV prevention of the company since 2004 is relatively high (71.4% of Communicators and Managers, 60.9% of Employees before 2004 and 61.3% of Employees after 2004). The results also indicate that there is no significant difference in awareness regarding the communication of HIV prevention between Employees who entered the company before 2004 and those that joined the company after 2004. Some coal companies such as Hon Gai or Ha Tu said they still keep a board to supervise HIV/AIDS prevention communication.

6.2.2 No discrimination against people living with HIV

The table shows that the next highest result is the policy regarding “No discrimination against people living with HIV”. The percentage of communicators is 77.8%; for employees who entered the company before and after 2004 it is 59.7% and 55.5% respectively. The qualitative result also indicated that most companies’ leaders also recognise their understanding of this important part of the policy.

“We know the importance of communicating against discrimination. For example, we had an employee living with HIV who offered to stop working when her health got worse – but instead we created a job for her and gave her all the benefits according to the current regulations of State, including keeping her situation confidential and avoiding discriminating against her.” (Leader of Quang Ninh Export Garment Company).

6.2.3. Confidentiality of personal information

According to the quantitative figures, the percentage of respondents who said that their company has a policy on confidentiality of personal information ranks third. For employees, 54.9% of employees who joined the company before 2004 are

aware of this policy, and 44.4% of employees after 2004. The percentage of communicators and managers is relatively high in comparison at 72.9%.

The qualitative figures show that the majority of companies assure confidentiality of personal information. Only the internal board of Managers are usually aware of the information in order to provide solutions.

"When we know someone who is HIV positive, if they need medication, then the company health care service will be advised of their status so they can provide treatment. Otherwise, this information will be kept confidential and only the Board of Management will be informed to avoid discrimination against them from their colleagues" (Leader of Hòn Gai Coal Company).

6.2.4. Voluntary HIV testing

The quantitative figures show that the percentage of respondents who are aware of the policy on Voluntary HIV testing is very low: 22% for Communicators and Managers; and 24.4% for employees before 2004 and 19.4% after 2004. The qualitative responses indicate that HIV testing was compulsory for recruitment prior to the implementation of the Decree on HIV/AIDS prevention. However through the implementation of the project, some companies removed the requirement of testing HIV when recruiting, and this policy remains.

"During the absence of the Decree, we asked potential employees to test for HIV. But when we worked with CARE we removed this requirement. We now only test for drug use, and if we confirm anyone is using drugs, we will refuse to recruit them." (Cao Sơn Coal Company).

However, for some companies such as transportation companies, employees who are drivers are asked to test for HIV before entering the company. This is against the Decree and current law on HIV/AIDS that forbids Employers from requiring employees to test for HIV (except some sectors where HIV testing is considered appropriate for some employment such as medical surgeons).

"When we recruit, we ask to test for HIV and we refuse HIV positive people. Our lorries cost millions of dong, and the time for training is two years. During the time of training, the salary is more than VND 1 million. If the HIV positive people develop AIDS, they could make the lorry fall while driving if they are unwell, and we will lose both of the training expenditure and asset." (Quảng Ninh Transportation Company)

Therefore, it is necessary to improve awareness and practice of some companies to reduce discrimination against employees who are living with HIV. The government also needs to be encouraged to give out penalties against these violations.

6.2.5. Ensuring equal access to information, health care services, jobs and income

In providing information and services the companies do not consider whether objectives are male or female.

"We communicate equally to both of male and female, and all age levels." (Communicator of Uông Bí Coal Company)

In every policy there is no discrimination between male and female. If they are PLHA, they receive the same services and benefits. However, of note is that the people living with HIV in the Coal Companies are mostly are men, and in the garment company they are mostly women.

"The equality for men and women is not really an issue, because the number of HIV positive people are mostly men in our company. They are equal to receive information of HIV/AIDS prevention and condoms. There is no difference." (Leader of Hòn Gai Coal Company).

6.2.6 Establishing a fund for HIV Prevention in the workplace

According to the results shown in Table 10, there are about one third of respondents reporting their company has created fund for HIV prevention in the workplace. However this result is significantly different from the quantitative responses. Almost all leaders of the 10 surveyed companies said that they do not have fund for HIV prevention. This indicated that the companies do not currently have funds for HIV prevention in the workplace.

In numerous cases, the budget for HIV prevention is planned together with labour safety activities:

"The company has not made an own plan for HIV, we combine it with the labour safety plan because we consider HIV/AIDS prevention like any disease prevention. The cost for HIV/AIDS prevention is estimated in the total expenditure". (Leader of Hà Lãm Company)

Some companies report that the company leaders often approve individual requests for money from the union or health workers to fund a particular activity related to HIV prevention.

Some other companies ask their staff and employees to make contribution from their salaries to raise funds, in which a portion of this is contributed towards HIV prevention. The aim of raising fund is for all issues related to supporting staff and employees, or for charity.

"We don't make a yearly plan for the HIV activities because we see it as a stable situation - there is no increase of HIV positive people. We spend little money on communications and use the support fund raised by staff and employees." (Cao Sơn Company)

In summary: A majority of those surveyed reported that their companies have a policy on HIV prevention in the workplace. The three best-known policies are communications about prevention of HIV infection, reducing discrimination, and confidentiality of personal information. The remaining policies are not as well recognised.

In general, the percentage of Communicators and Managers knowing about policies is higher than employees. The difference between the percentage of employees joining the companies after and before 2004 is insignificant. This indicates that the companies still utilise the policies built and implemented in the project period before 2004.

The companies however do not plan for HIV prevention activities in the workplace via establishing a fund for HIV control. Most companies combine activities of HIV/AIDS prevention with other workplace activities. The reported reason is that company leaders consider risk of HIV infection to be much lower than previously.

6.3 Changes in Knowledge, Attitude, and Practice of HIV/AIDS

6.3.1 Knowledge of the HIV Virus

The end-line evaluation of the project "Confronting with AIDS in the workplace in Quang Ninh" does not include this type of information. Therefore, this report can

not analyse and compare the changes in knowledge between the finishing period of the project and the period of evaluating post-project impacts. The following analysis only evaluates the knowledge of employees and communicators at the time of evaluating post-project impacts of 6/2007.

Out of 947 respondents answering the question “What is HIV?”: 78.9% gave correct answers. The rate of giving correct answers is highest among employees who joined the company after 2004 (83.3% in comparison to 76.6% of employees who joined the company before 2004; and 79.3% for Communicators). It is not difficult to explain a possible reason for this result: Many of these new employees are young and have just left school where they would have been exposed to a considerable amount of information regarding HIV through communication campaigns, mass media, and through education within their school curriculum. The percentage of respondents giving incorrect answers ranges from about 17% to 20% (See Table 11). This is a noticeable issue in communication and the retraining of knowledge for communicators and communicators.

The second part of the questionnaire was to evaluate the respondents’ knowledge that there are 4 development stages of HIV/AIDS. As above, employees who started work after 2004 had the most knowledge: The rate of respondents who answered that HIV consists of four stages was 70.3%; 57.9% for Communicators and Managers; and 52.6% for respondents who were working with the company prior to 2004. It is noticeable that the rate of respondents having insufficient knowledge of the stages of development is moderately high being 30% to 43% (whether they were employees before 2004 or they are communicators – See Table 11).

The next question evaluated the knowledge of threshold stage. In this question, only 68.7% respondents gave correct answers with Communicators providing the most correct answers (79.9%). Employees working before 2004 had the lowest rate of correct answer with 61.8%. Although Communicators has the highest rate of answering correctly, the difference between the rate of correct answers of communicators and employees working after 2004 is not high (only 6%), which is also a noticeable issue for training in the coming time.

The fourth question evaluated knowledge of HIV testing. According to the results, respondents’ knowledge of this important issue is not sufficient. Only 60.7% answered this statement correctly (“Normal blood tests can not detect HIV”). Communicators had the highest rate of answering correctly. However, it is notable that employees commencing work with the company after 2004 had the most insufficient knowledge of this information.

The next question evaluated knowledge of STD’s and risk of HIV infection: “STDs increase the risk of transmitting the HIV infection”. The rate of providing a correct answer to this question was high with 96% of respondents giving a correct answer. Employees commencing work after 2004 occupy the lowest rate of answering correctly, and the difference in this knowledge between communicators and employees before 2004 is not clear.

The sixth question asked respondents if HIV/AIDS worsens the infection of STDs. Again, the rate of giving correct answers to this question is high with 95.5%.

The final tests of knowledge asked whether “A PLHA at the threshold stage can transmit to others?” and “Can a healthy looking person be HIV positive?”

The rate of answering these two questions correctly is high (87% for the first question and 90.2% for the second). However, with 10% answering this question

incorrectly, it is a considerable issue for communication. More notably, the highest rate of a wrong answer to these two questions belongs to employees working with the company before 2004.

Table 11: Knowledge of HIV as a percentage (2007)

Question	Employees started after 2004		Employees started before 2004		Communicator & Managers		Total	
	Correct	Wrong	Correct	Wrong	Correct	Wrong	Correct	Wrong
1. HIV is the name of a virus	83.3%	16.7%	76.6%	23.4%	79.3%	20.7%	78.9%	21.1%
2. HIV/AIDS has four stages	70.3%	29.7%	52.7%	47.3%	57.9%	42.1%	58.3%	41.7%
3. Threshold stage is the stage of initial infection	73.3%	26.7%	61.8%	38.2%	79.9%	20.1%	68.7%	31.3%
4. Normal blood test can not detect HIV	52.4%	47.6%	58.6%	41.4%	76.4%	23.7%	60.8%	39.3%
5. Sexually Transmitted infections increases risks for HIV/AIDS transmission	92.7%	7.3%	97.8%	2.2%	97.5%	2.5%	96.4%	3.6%
6. HIV/AIDS worsens Sexually Transmitted infections	93.3%	6.7%	96.4%	3.6%	95.9%	4.1%	95.5%	4.5%
7. A person living with HIV at the threshold stage can transmit HIV to other people	86.7%	13.3%	85.6%	14.4%	91.0%	9.0%	87.0%	13.0%
8. A healthy looking person can be living with HIV	89.9%	10.1%	87.4%	12.6%	97.55	2.5%	90.2%	9.8%

The second question reflects respondents' knowledge of symptoms of AIDS stages. The rate of listing these symptoms correctly is relatively high. This rate is of the lowest among employees working after 2004 (See Table 12).

Table 12: Respondents awareness of AIDS stages as a percentage (May/2007)

Symptoms	Employees started after 2004	Employees started before 2004	Communicators & Managers	Total
Losing weight	87.10%	86.135	96.55%	88.58%
Persistent diarrhoea	88.71%	85.94%	90.64%	87.64%
Persistent high temperature	71.77%	76.95%	85.22%	77.36%
Persistent coughing	49.60%	63.48%	63.05%	59.81%
Spotted skin	79.44%	81.45%	88.67%	82.45%
Losing hair	22.58%	31.64%	28.57%	28.66%
Others	0%	0.59%	0.49%	0.42%

In summary: In general, the knowledge of HIV by employees is only at a satisfactory level, with Communicators having the most significant knowledge. The knowledge of those starting work after 2004 is less sufficient than that of employees working prior to 2004; Normal blood tests can not detect HIV; Sexually transmitted diseases increase the risks of HIV/AIDS infection; and HIV/AIDS worsens the infection of STDs and symptoms of AIDS stages. It is indicated that the communication of these issues by CARE was adequate with correct responses by employees working in the company before 2004. However these employees have a higher rate of answering incorrectly the following in comparison to than employees joining the company after the projects end: What is HIV?; How many stages of HIV/AIDS is there?; Can a PLHA at the threshold stage transmit to others?; and Can a healthy looking person be HIV positive? According to this result, it is necessary to updated knowledge of HIV for both groups of employees working for the companies before and after 2004 in the coming time.

6.3.2 Knowledge of HIV transmission

According to the quantitative data, the number of respondents aware of three modes of HIV transmission is quite high (see results in Table 13). Respondent's knowledge that HIV is transmitted through sex is the highest, and the number of respondents knowing that HIV is transmitted through blood is second. The rate of respondents knowing that HIV can be transmitted from mothers to child is the lowest; however, this is still 85.7% of respondents. Interestingly, there is no difference in these rates between the end-line evaluation of 2003 and the evaluation of post-project impacts of 2007. Additionally, there is no statistical difference between respondents starting work before and after 2004 in regard to knowledge of the three modes of HIV transmission. This may be a result of many of the employees working after 2004 being young and just left school. These results could also indicate that education on modes of HIV transmission at the companies has been successful.

Table 13: Knowledge of modes of HIV transmission as a percentage (and the Comparison between end-line evaluation 2003, and ex-post evaluation 2007

Modes of transmission	College and university graduates	Vocational and technical school graduates	High school graduates	Primary school and secondary school graduates
2003 End-line evaluation				
Through sex	99%	99%	100%	93.55%
Through blood	100%	100%	99%	100%
From mothers to children	96%	99%	97%	98%
Impact evaluation – 2007				
<i>Employees working after 2004</i>				
Through sex	100%	100%	100%	100%
Through blood	96.43%	95.36%	100%	N/A ²
From mothers to children	94.64%	93.30%	85.71%	N/A ³
<i>Employees working before 2004</i>				
Through sex	99.53%	98.36%	100%	93.55%
Through blood	96.24%	92.25%	91.18%	87.10%
From mothers to children	91.55%	88.73%	85.29%	70.97%

6.3.3 Knowledge of HIV Prevention

In comparing the results of the two surveys regarding knowledge of preventing HIV infection (2003 End-line evaluation and 2007 Evaluation of post-project impact) the following conclusions have been made:

1. There is no significant difference between survey respondents regarding knowledge of prevention methods such as not sharing needles; using condoms when having sex; or being faithful to one wife, one husband.

2. There is a statistically significant difference between survey respondents regarding the choosing not to have sex as a method of HIV prevention. In 2003 end-of-term survey, 76.4% respondents chose this prevention method whereas in 2007, only 30% of respondents agreed with this method.

3. Regarding the prevention method of not having sex with ill people, the difference in the percentage of respondents choosing this option has increased a lot since the first survey. In 2003 there were 30.7% of respondents, whereas in 2007

² This figure is based on the answers of two respondents graduating primary and junior high schools. This does not hold statistical significance.

³ This figure is based on the answers of two respondents graduating primary and junior high schools. This does not hold statistical significance.

this choice was 73.7% of employees working before 2004 and 82.2% for employees working after 2004.

Table 14: Knowledge of HIV prevention methods at end-line evaluation (2003) and ex-post evaluation (2007) as a percentage

Prevention methods	End-line survey	Impact Evaluation Survey	
		Employees working after 2004	Employees working before 2004
Not sharing needles	98.7%	96.91%	97.44%
Using condoms when having sex	94.9%	92.28%	93.04%
Clean blood transmission	93%	80.69%	78.13%
Being faithful to one wife, one husband	87.3%	79.54%	80.68%
No sex	76.4%	30.50%	37.07%
No sex with ill people	30.7%	82.24%	73.72%

In Summary: There is no significant difference in the change in knowledge regarding modes of HIV transmission and HIV prevention methods between the 2003 or 2007 evaluations. The rate of respondents with the knowledge of HIV transmission through sex and blood is high. The rate of respondents with the knowledge of HIV transmission of mother to child is a little lower than that of the other two modes. As most respondents are male, it may be that they are not educated on this mode of transmission as the other two, or they are not as concerned about it because it relates more to women.

6.3.4 Knowledge of safe sex

The interview results are shown in Table 15 and indicate that the rate of respondents aware of the term "safe sex" is high (91.4%). However, this still means that almost 10% of interviewees have not still heard of this term. Employees working in companies before 2004 occupy the lowest rate of hearing of this term (89.5%).

87.8% of all respondents consider that having safe sex means using condoms properly. Communicators have the highest response of agreement to this statement and employees working before 2004 account for the lowest response. Being faithful to your wife or husband was also a popular choice as a method of safe sex with 87.5% selecting this. Therefore, it's recorded that approximately 12% of respondents did not choose the method of "using condoms properly"; and 12% did not consider "being faithful to their wife, or husband" as safe sex methods. Additionally, 56.4% of respondents selected "not having sex with homosexuals" as a method of safe sex. These are possible educational issues for future communication campaigns of HIV prevention.

Table 15: Knowledge of safe sex at post evaluation (2007) as a percentage

Questions	Employees started after 2004	Employees started before 2004	Communicators & Managers	Total
Have heard of the term "safe sex"	92.6%	89.5%	95.0%	91.4%
Using condoms properly	89.5%	85.2%	92.1%	87.8%
Being faithful to one wife, one husband	89.1%	85.2%	91.6%	87.5%
Not having sex with sex workers	78.2%	69.7%	78.3%	73.7%
Not having sex with homosexuals	57.3	52.2	66.0	56.4

6.3.5 General knowledge of HIV/AIDS

In order to evaluate employees' general knowledge of HIV/AIDS, the measurement of a total mark is used (see the design of variables in the multi-variable analysis). The results are recorded in Table 16:

Table 16: Marks for knowledge of HIV/AIDS (May/2007) across the scale as a percentage

Marks for knowledge	Employees working after 2004	Employees working before 2004	Communicators and managers	Total
1-17	1.6%	3.1%	0.5%	2.2%
18-24	9.7%	12.9%	3.0%	10.0%
25-30	65.7%	62.1%	54.7%	61.5%
31-35	23.0%	21.9%	41.9%	26.4%
Total	100%	100%	100%	100%
Number of people	248	512	203	963
Average mark	28.1 ± 3.2	27.7 ± 3.7	29.4 ± 3.0	28.1 ± 3.5

In general, the result of general knowledge of HIV is more than satisfactory. The rate of respondents achieving more than 25 points (good level) is high (87.9% of all respondents; 96.6% Communicators; 84% employees working before 2004; and 88.7% employees working after 2004).

Communicators achieved the highest average marks. Employees working before 2004 achieved the lowest average marks.

In summary, the general knowledge of the company employees is currently highly satisfactory. However, as previously identified, in some items of knowledge the level of employee knowledge is only above the average level. These are: What HIV is; Stages of HIV development; Detecting HIV; Risk of contracting HIV in the threshold stage.

6.3.6 Evaluating the impact of CARE's Project on Employee's knowledge of HIV/AIDS

Evaluating of the impact of CARE's project on employee's knowledge can not be determined by simply comparing the knowledge of employees working before 2004 and employees working after 2004.. HIV education programs provided by schools; Youth Committees and Unions; and Medical services are external variables that may also contribute to employee's current knowledge of HIV. In order to account for this, the method of analysing multiple variables is used, (Multiple Variable Linear Regression). The results are shown below in Table 17:

Table 17: Results of multiple variable analysis of evaluating impacts of CARE project on employees' general knowledge of HIV

Variables	B	Significance
(Constant)	22.15912	0.00000
Age	-0.03692	0.29313
Year	-0.14689	0.46753
Culture	0.371433	0.00001
Single		
Married	-0.12072	0.98896
Widowed, divorced, separated	1.092565	0.13669
Office staff		
Workers	-0.51164	0.13015
Managers	-0.1742	0.83020
Participating in social organisations	1.161933	0.00313
Not receiving information out of companies		
Receiving information out of companies	0.583142	0.44514

Receiving information in companies	0.17383	0.75682
Discussing with companies staff	0.432235	0.10804
Not discussing with friends and families		
Discussing with friends and families	1.623515	0.00000
Employees working in companies after 2004		
Employees working in companies before 2004	0.577766	0.10594

The above results indicate that with respect to general knowledge of HIV/AIDS, the following is true:

- Age is significant. The older the person, the less knowledge they have of HIV
- Men have lower general knowledge of HIV than women.
- Widowed, divorced and separated people have better general knowledge of HIV than single people
- Workers have less knowledge than officials
- People receiving information in companies have higher knowledge than those who do not get information in companies.
- Those who discuss HIV have better knowledge than those who have not ever discussed.
- People participating in social political organisations have better knowledge of HIV than others not participating in any organisations.
- Employees working in companies before 2004 have higher general knowledge than those starting work after 2004.

Therefore, it may be concluded that although the project finished 3 years ago, it has still had an ongoing impact on general knowledge of employees. According to most company leaders, the communication has not been completed as widely as it was during the project, however is combined with other events, education sessions, or is offered once or twice a year.

6.3.7 Attitude towards PLHA

In analysing the results of two surveys, employees' attitude towards PLHA has experienced some significant changes. (See Table 18)

The survey results in 2007 indicate that current employees tend to sympathise more with PLHA compared to those employees surveyed in 2003. This is shown by the percentage of respondents accepting PLHA through unsafe sex; unsafe blood transmission; transmission from mothers to children; and through drug use.

However, it is apparent that employees in 2007 have more stigma and discrimination towards PLHA than those surveyed in 2003. This outcome is based on the comparison of responses to the following: Sharing with PLHA in the

workplace⁴; visiting PLHA; and keeping information confidential for PLHA. In addition, the percentage of respondents who agreed that “HIV tests should be completed during recruitment” also increased in 2007. This indicates that staff and workers of companies have not adequately understood or applied the new Law of Preventing HIV/AIDS.

In summary, the conclusion that can be made from these results is that new employees sympathise with PLHA. They do not look down on them or despise them, however, they are not willing to share and help them physically and mentally in order for them to have a better life.

Table 18: Current attitudes of employees towards PLHA compared to employees surveyed in 2003 as a percentage

Opinions	End line	Responses	
		Employees started after 2004	Employees started before 2004
Accepting PLHA through having unsafe sex	2.7%	59.14%	55.04%
Accepting PLHA through unsafe blood transmission	62.3%	77.91%	74.78%
Accepting a child who contracted HIV through his/her mother	75.5%	95.75%	95.99%
Accepting PLHA who use drugs	20.1%	37.35%	41.21%
Sharing with PLHA in the workplace	96.6%	77.82%	73.33%
Visiting PLHA	98.4%	77.43%	79.34%
Keep information confidential for PLHA (Communicators and Managers)	73.9%	63.64%	74.87%
Keep information confidential for PLHA (Employees)	75.9%	61.94%	62.90%
It is necessary to know who are HIV positive	93.8%	81.64%	77.51%
It is necessary to do HIV test during recruitment or regular health check	79.8%	88.03%	80.26%
Reasons for needing to know who in the workplace are HIV positive			
To protect oneself	88.7%	49.03%	50.85%
To help PLHA	87.5%	65.64%	65.77%
To separate from PLHA	1%	0.39%	0.99%

⁴ In the survey in 2007, we asked the question, “When a person is known to be HIV positive, should he be allowed to stay at this current position?” If they answer yes, we assume this means they have shared with PLHA.

6.3.8 Evaluating the risk of contracting HIV

About 50% of interviewees consider that they are not currently at risk of contracting HIV (See Table 19). The lowest percentage belongs to Communicators (39.3%), and the highest belongs to Employees who started working after 2004 (50.2%). Approximately 11.5% respondents said that consider they have many risks which could mean they are HIV positive at the time of questioning. The highest rate belongs to those starting work after 2004 (12.2%). The combined total number of respondents who reported that they have “a few” or “many” risks is 45%. Therefore, more than half of the respondents don’t feel they are at risk of contracting HIV. This may be because they are confident in their knowledge of HIV/AIDS; they do not want to admit that they have high risk behaviours; or they do not know how to assess their own risks. This is a noticeable issue in the communication of HIV/AIDS in the workplace in the coming time.

Table 19: Risk of being HIV positive at time ex-post evaluation as a percentage

Level of Risk	Employees started after 2004	Employees started Before 2004	Communicators & Managers	Total
Do not have any risks	50.2%	45.0%	39.3%	45.1%
Have a few risks	28.2%	31.8%	42.3%	33.1%
Have many risks	12.2%	11.8%	10.0%	11.5%
Do not know	9.4%	11.4%	8.5%	10.3%
Total	100%	100%	100%	100%
Total number of people	245	509	201	955

6.3.9 Practice of HIV Prevention

Practice of HIV prevention was evaluated by the use condoms when having sex. According to the survey results, the percentage of current respondents using condoms when having sex has reduced when comparing to the respondents at the end-of-term survey in 2003.

Table 20: Use and purpose of condoms at end-line evaluation (2003) and ex-post evaluation (2007) as a percentage

	End-line results	Employees started after 2004	Employees started before 2004
		Have ever used condoms	84.4%
Condoms used for the purpose of family planning	82.1%	54.05%	70.03%
Condoms used for the purpose of preventing STDs	72.9%	39.77%	41.05%
Condoms used for the purpose of preventing HIV	67.1%	32.82%	37.78%

Additionally, Table 21 shows the number of unmarried respondents using condoms when having sex. The results are high: approximately 94.8% employees working before 2004 and 90.4% employees after 2004 reported using condoms. However, it is therefore notable that 10% of respondents do not use condoms when having sex.

Interestingly, the number of respondents using condoms for the purpose of preventing pregnancy has reduced in comparison to 2003. However, the rate of respondents using condoms to prevent STDs and HIV/AIDS has increased.

Table 21. Use and purpose of condoms by unmarried respondents at end-line evaluation (2003) and ex-post evaluation (2007) as a percentage

Criteria	End-line Results	Employees starting after 2004	Employees starting before 2004
		Have ever used condoms	84.4%
Condoms used for the purpose of preventing pregnancy and family planning	82.1%	73.8%	70.8%
Condoms used for the purpose of preventing STDs	72.9%	81.0%	76.0%
For the purpose of preventing HIV	67.1%	81.5%	79.3%

In sex with spouses (Table 22), using condoms with the purposes of preventing pregnancy is the highest (71.5%); and the percentage of respondents using condoms to prevent HIV infection is the lowest (30.3%).

In sex with partners (Table 22), the percentage of respondents using condoms to prevent STDs and HIV infection is the highest (79.7% and 80.2% respectively); and the percentage for using condoms with the purpose of preventing pregnancy is

the lowest (75.4%). Additionally awareness by employees to use condoms to prevent HIV/AIDS and STDs is much better in the unmarried population.

Table 22: Purpose of using condoms when having sex with spouses and partners at ex-post evaluation (2007) as a percentage

Purpose	Employee s started after 2004	Employee s started before 2004	Communicators & Managers	Total
When having sex with spouses				
To prevent pregnancy	74.2%	68.1%	78.1%	71.5%
To prevent STDs	31.1%	31.0%	37.5%	32.8%
To prevent HIV infection	29.9%	26.8%	38.5%	30.3%
When having sex with partners				
To prevent pregnancy	73.8%	70.8%	86.5%	75.4%
To prevent STDs	80.1%	76.0%	84.6%	79.7%
To prevent HIV infection	79.5%	75.3%	92.3%	80.2%

It can be seen from the above table that, the percentage of Communicators and Managers using condoms when having sex with spouses or partners to prevent pregnancy is 78.1% and 86.5%, respectively. These are both higher than the other two groups (Employees working before 2004 (68.1% and 70.8%, respectively) and Employees working after 2004 (74.2% and 73.8%, respectively). With these groups, the purpose for using condoms was highest for preventing STDs and HIV infection.

In summary: Employees attitudes towards PLHA and practices of preventing HIV have notable issues that need to be addressed. Generally, they have reduced stigma towards PLHA in their thinking, however they are not willing to share with or help PLHA. However, their practice in preventing HIV has shown to improve considerably. This is significant in unmarried respondents who show an increase in reported use of condoms to prevent HIV compared to those surveyed in 2003.

6.4. Evaluate strengths and weaknesses of project activities

6.4.1. Strengths

The first identified strength was that the project received the support and enthusiastic participation of the leaders of Vina Coal, and the Steering Committee of HIV/AIDS prevention in each company. This was because the project developed a systematic approach to activities which did not affect the production of each company,

"One of CARE's major strengths was that they were successful in attracting the support of each company's Board of Directors. However, the best strength was that they established the Steering Committee of HIV/AIDS prevention and to be an

enthusiastic advisory board, which included medical department and union representatives. (Head of Medical Department, Uong Bi Coal Company)

Due to the support of leaders from Vina Coal, most companies developed and implemented policies for preventing HIV/AIDS in the workplace, the most well-known of which was communicating modes of HIV transmission, prevention methods and reducing stigma and discrimination of PLHA.

The second of CARE's strengths was the professional level training. Communicators trained by CARE developed an exceptional ability to communicate in small groups and also directly with employees.

"Some people were quite shy at first, then they became braver, and have developed useful communication methods" (Leader of Quang Ninh Export Textile Company)

Finally, the implementation of efficient and effective monitoring and evaluation processes was also a notable strength of the project.

6.4.2. Weaknesses

The basic shortcoming of the project was the lack of funds to support the communicators. If communicators were not paid for the time they worked as communicators, they would not continue to work voluntarily. This is because, in a Vietnamese context, their basic salary is not sufficient, especially those workers who are paid according to what they produce. If they are not paid for the time they take part in communicating work, they will not be able to continue as a communicator.

"For any project, besides voluntary activities, other activities need to be funded. However, communication activities about HIV in the workplace are not funded at all. In my opinion, when funded, communicators will be more responsible for their tasks. Personally, I think the government needs to set up special programs to help HIV positive people while companies should pay attention to their own business issues and outcomes." (Leader of Thong Nhat Coal Company)

Interestingly, it is not actually the problem to mobilise funds for companies for HIV/AIDS communication activities, rather the difficulty is that the financial requirements of the government does not regulate this type of expense:

"The first problem is of money. In fact, for a company with yearly revenue of more than 1000 billion dong, the sum of some tens of million dong for these activities is not so difficult. However, it is difficult to determine which activities to include in this expenditure". (Deo Nai Coal Company)

6.5 Project impact

6.5.1 Impact of CARE's project

The most significant impact, in addition to the main strength, has been CARE's ability to encouraged leaders of all levels from the corporation to companies to focus on HIV prevention in the workplace. This project is one of the first which has featured education on preventing HIV, and reducing stigma and discrimination towards PLHA in the workplace.

The second impact of the project is that CARE has encouraged company leaders who have not cared for employees' health previously, especially with regard to HIV prevention in the workplace, to now recognise this as important. Indicative of this has been the development and implementation of policies addressing various

issues of HIV as previously mentioned. Due to the implementation of such policies, employee's awareness of HIV prevention and transmission have been significantly improved.

"When CARE approaches the companies, they have to recognise that this is a common issue rather than the work of any individual organisation. CARE is an international organisation which cares for the prevention of such epidemics. We rely on the support of the board of management by advising: If you do not care for these matters, you are opposing the care of not only the country but also the world. I can see the change in the awareness and knowledge of employees in the company." (Cua Ong Coal Company).

Thirdly, with CARE's project, companies have trained a group of communicators with advanced knowledge of HIV and professional skills for communicating this information to others. This has helped PLHA to be accepted by the community and to experience a reduction in stigma and discrimination.

"Thanks to CARE, communicators can perform their consulting work effectively. People living with HIV feel that they are not isolated or neglected. We also communicate through company radio, and youth or union meetings. We also have a network of safe hygiene staff consisting of 412 people and we have trained them in first aids skills to prevent transmission." (Cua Ong Coal Company)

"Communication skills, in my opinion, are what I gain from CARE. These include listening skills, and the ability to attract and talk to large groups of people" (Communicator of Quang Ninh Textile Export Company)

6.5.2 Comparing CARE's impact to other projects

Only one company has received additional project support for HIV prevention in the workplace in addition to CARE projects: Quang Ninh Textile Export Company is also supported by the project "Smartwork". Two communicators attended training courses provided by this project. According to their evaluation, training classes for Smartwork communicators were not as effective as those provided by CARE. The reasons stated were that CARE implemented a very detailed training program. Trainees were supervised and regularly knowledge tested. Communicators report that they were able to easily apply trained knowledge, skills and methods in their activities of HIV prevention for employees in the company. In comparison, Smartwork provided training but did not supervise and test knowledge of trainees. Therefore, it is stated that the training programs of Smartwork have not been quite as effective.

"CARE did not leave their work unfinished. Instead they provided detailed guidance. CARE's help was also quite enthusiastic. They guided communicators with all their efforts so that the communicators could communicate directly with employees. Smartwork was not very close with trainees and they gave information but did not guide them" (Communicator of Textile Export Company – who attended the training of both CARE and Smartwork).

6.6 The suitability of activities designed and implemented by CARE

6.6.1 The suitability of activities designed by CARE to the current situation of companies

To evaluate the appropriateness of activities that were designed in the project, information collected from the following questions was used:

"Is your knowledge of HIV sufficient?"

According to the survey results, approximately 30% of employees believe their knowledge of HIV is insufficient. Responses by employees working at the companies after 2004 are higher than that of employees working before 2004 (40.7% in comparison with 25.8%). Additionally even 41.6% Communicators believe their knowledge of HIV/AIDS is insufficient.

“Do you need to be provided with more knowledge of HIV?”

84.6% reported they need to be provided with more information on HIV. There is no difference between employees working before or after 2004, however the need of being provided with more knowledge for communicators is very high at 97.4%.

“Which issue should be focused on if communication is carried out?”

The results to this question are shown below in Table 23.

Knowledge of prevention methods is considered by both employees and communicators to be the most essential. However there are some differences in priority between communicators and employees for the remainder of the issues:

1. For employees, the order of priority for information is: caring methods; treatment methods; modes of transmission; stigma and discrimination, and testing.

2. For communicators, the order of priority for information is: stigma and discrimination; treatment methods; modes of transmission, and testing.

Table 23: Issues that need to communicated at ex-post evaluation (2007) as a percentage

<i>Issue of communication</i>	<i>Employees</i>			<i>Communicators & Managers</i>
	<i>Employees starting after 2004</i>	<i>Employees starting before 2004</i>	<i>Total</i>	
Prevention methods	50.0%	56.1%	54.1%	70.4%
Caring methods	55.2%	54.7%	54.9%	61.6%
Treatment methods	52.4%	48.2%	49.6%	66.0%
Modes of transmission	39.9%	45.1%	43.4%	63.5%
Stigma and discrimination	45.6%	35.5%	38.8%	67.5%
Testing	31.0%	35.0%	33.7%	46.3%
Number	248	512	760	203

“When do you think is convenient to communicate?”

According to the results in Table 24, the time considered the most convenient by employees for them to receive information is at the beginning of their working shift and in the evening. There is no significant difference between employees working in the company before and after 2004.

Table 24: The most convenient times to receive information (2007) as a percentage

	Employees started after 2004	Employees started before 2004	Total
At the beginning of the working shift	44.9%	39.3%	41.2%
At shift break	14.4%	21.1%	18.9%
At lunch break	6.0%	8.5%	7.7%
In the evening	32.9%	30.1%	31.0%
Others	1.9%	0.9%	1.2%
Total	100%	100%	100%
Number of people	216	435	651

“What is the most suitable communication method for you?”

The results in Table 25 show that the 2 most suitable method to receive information is as follows:

1. Meetings in response to the campaign of HIV/AIDS prevention
2. Competitions to study about HIV/AIDS

However, in comparison, communicators consider that the most suitable method of communication for employees is:

1. Talking in small groups
2. Competitions to study about HIV/AIDS
3. Conference trainings
4. Flyers, posters in the company

Table 25: The most suitable method of receiving information (2007) as a percentage

	Employees started after 2004	Employees started before 2004	Total	Communicators & Managers
Meetings in response to the campaign of HIV/AIDS prevention	48.0%	49.2%	48.8%	39.6%
Competitions to study about HIV/AIDS	40.7%	34.0%	36.2%	54.7%
Talk in small groups	27.8%	32.4%	30.9%	59.1%
Conference trainings	19.8%	27.5%	25.0%	51.7%
Flyers, posters in the company	23.4%	24.4%	24.1%	51.7%

Art performances in the company	25.0%	21.9%	22.9%	34.8%
Announcements through the policies of the company	17.7%	24.8%	22.5%	35.5%
Internal information announcements	16.1%	23.6%	21.2%	42.4%
Notice board	14.9%	18.9%	17.6%	27.1%
Books of confronting with HIV/AIDS for employees	23.0%	19.3%	20.5%	25.1%
Number	248	512	760	203

In Summary: By analysing the above quantitative information, a conclusion can be drawn that activities which were designed and implemented in the period 2000-2003 are still suitable with current expectations of employees in the company. However, the topics of communication should be expanded to caring and treatment methods for PLHA instead of only prevention methods.

Qualitative results also indicate that these activities designed and implemented in the project remain suitable in the current situation of the companies because the communication was carried out very well. However, there have been staff changes in companies. Newly recruited staff need to be educated on HIV issues to compliment the knowledge they have acquired at school.

6.7 The Need for Support

6.7.1 Need for training Communicators

As mentioned previously, there have been many staff changes and this has affected the group of communicators in the company. Currently, there are only one third of trained communicators that are still working in some companies. This is the case for example for the Quang Ninh Textile Company. Therefore, the need for support, training and re-training communicators of HIV/AIDS is reported by leaders of many companies.

"It is necessary to continue to train communicators. Communicating classes should be organised once a year. The company will organise the class if the head of the company supplies guidance and invites communicators to meetings. It is good to fund trainee and, trainers. Accommodation and food should be taken care of by the company. The company should also pay attention to rewards. Communicators should be paid by the budget of CARE". (Hon Gai Coal Company)

6.7.2 Need for communication resources

During the project, CARE funded flyers and posters at the companies. However, currently these posters are too old and fallen off the walls. Therefore, companies need to be flyers communicating about HIV/AIDS. Flyers should feature one topic per flyer. Or if a book is produced it is necessary that it has a small number of pages because in the previous term, books were too thick which discouraged employees from reading. They were therefore ineffective.

There is also reported need for tapes, cassettes and videos. According to leaders of companies, these resources would be effective in communicating about HIV.

"The project should provide us with tapes, and videos to show in shift breaks. Personally, I think showing images of HIV/AIDS issues will help the viewer acquire the information the best". (Uong Bi Coal Company).

6.7.3 Need for providing condoms to employees

Although Vietnam is currently implementing a social marketing policy for the prevention of pregnancy and STDs including HIV (through selling condoms and other contraception at a lower price); employees still seem to be afraid to buy condoms. Therefore, providing free condoms would be an effective method of communicating and supporting HIV prevention in the workplace and in the community.

"Supporting measures such as condoms is quite practical, and it is better to provide them with free ones." (Leader of Hon Gai Coal Company)

6.7.4 Need for a supporting fund

As previously outlined, communicators are completing the education work without any extra pay. With the current financial policies, companies can not provide them with extra pay for their communication work because it is not included in their list of expenditure. Therefore, it is not possible that the communicator spend extensive time to complete these activities in addition to their paid work. Therefore, a supporting fund for communicators is essential.

"Communicators need to get an extra pay. Our company has a network of safe hygiene communicators and they are provided with training and a small fund to complete their work. In order for communicators of HIV/AIDS to be as enthusiastic as the safe hygiene communicators, there should be funds for them." (Leader of Uong Bi Coal Company)

"If CARE continues to support HIV/AIDS prevention in the workplace, we need to be supported in terms of time the most. In the company, employees are paid according to the amount of work they produce. Therefore, we need to be financially compensated for the time taken to train and communicate" (Communicator of Quang Ninh Textile Export Company)

6.7.5 Need for policies of HIV/AIDS prevention

Many leaders of companies consider that the risk for their employees to contract HIV is not high. Therefore, they believe they do not need to make yearly plans for HIV prevention and that it is not necessary to reserve funds for this activity:

"Daily plans for this activity should not be made because we think that the situation is quite stable - the number of HIV positive people does not increase. The fund contributed by employees should be used for activities". (Hon Gai Coal Company)

It's also been suggested that Companies should combine with hospitals to provide information and health care services for employees. Companies should pay for these sessions. The purpose for this is to take care of their employee's health, including HIV related issues:

"Every year, companies should combine with Obstetrical wards, the Women's Committee, and the consultancy centres of health care to communicate about reproductive health and family planning for employees - including HIV/AIDS prevention of course. The fund should be provided by the company. For example, money for communicators and salary for employees when they participate in these activities." (Quang Ninh Textile Export Company)

6.8 Recommendations for Companies

1. The companies' board should re-evaluate the risk of HIV infection for their employees

As outlined previously, the majority of company leaders state that HIV is no longer a workplace problem. The results show that there are only 10% of Managers and Communicators, in addition to 12% of employees; that believe they are at risk of contracting HIV. The leaders state that their workers are aware of transmission and prevention methods and therefore their risk for infection is low. However, the survey results show that the workers' knowledge of HIV as a virus, its development stages, method of testing, and possibility of infection at the threshold stage is not high. The underestimation of infection risk and a limited knowledge of HIV keep the risk of HIV infection among company workers significantly high. Thus, HIV remains an issue each company needs to continue to address.

2. The companies need to commit to implementing the Law on HIV/AIDS prevention and control⁵.

Since the implementation of the Law on HIV/AIDS prevention and control on January 1, 2007, the companies have attempted to conform to Article 14, which refers to HIV/AIDS prevention and control at workplaces. However, some problems remain which need to be dealt with:

- There were 30% of respondents who reported that workers detected with HIV were transferred to a lower position or forced to quit their job (21.8% reported that workers living with HIV were transferred to a lower position; and 8% reported that workers living with HIV were forced to quit their jobs). Therefore, leaders have not completely complied with this regulation and need to address this issue
- Communication activities are limited to campaigns on important national events but not extended continuously for the benefit of the employees.
- Currently, most companies report they do not require HIV testing at recruitment or the regular health check. However, some companies conduct HIV testing without informing employees which violates Article 14, point 2.d. which regulates "no HIV testing at recruitment or regular health check; no transfer of employees detected with HIV to a lower position; no testing for HIV when reviewing for promotion".

In summary, HIV tests should not be administered during recruitment or regular health checks. If a person known to be living with HIV, he/she should not be transferred to an inferior position. A worker living with HIV should receive the same

pay and benefits for the same work that a worker who is not HIV positive is receiving. Additionally, when considering a promotion for an employee, the company should not consider HIV status as a determinant of success.

3. Keep communicating to reduce discrimination against PLHA

The survey results show indicated that employees show sympathy, and are not afraid of PLHA, however they are not willing to share and help PLHA if necessary

Therefore, companies should conduct more communication educating on reducing discrimination, with a focus on behaviour change to sharing work and helping PLHA.

4. Develop cooperative relations with HIV/AIDS control centre, labour union and other international organisations operating in the field of HIV/AIDS control in Vietnam

Since the end of CARE's project, the cooperation between the companies and Quang Ninh PAC and Ha Long DAC has been interrupted. This caused difficulties in updating the knowledge regarding the situation of HIV in Vietnam, information regarding transmission and prevention methods, in addition to treatment and care for PLHA.

Of importance, in the coming time the task of coordinating with companies in supporting HIV prevention in the workplace will be transferred to the Provincial Labour Union as a steering unit. Therefore, the companies should develop relations with these organisations in order to mobilise their technical support as well as remaining updated with the latest information on HIV/AIDS.

5. Intensify activities of preventive intervention and damage reduction

Currently, some companies supply condoms but not regularly. According to the midterm assessment of the project the employees reported a high need for condoms and they also stated they could afford to buy them. However, one of the main reasons for not using condoms was that they are too shy to buy them. Therefore, it is advisable to install vending machines that sell condoms at low prices so that the employees can buy them at their convenience and in privacy.

6. Set up a reserve fund for HIV prevention activities

It was found that employees still feel they need more education on HIV issues. Funds for HIV prevention activities could be collected from employees as has been the situation in a number of companies. It is also not necessary to set up a reserve fund of independent HIV/AIDS prevention activities from other welfare funds. A common fund can be set up for all activities and communication, including a fund for HIV/AIDS prevention activities.

7.0 Survey Results of the Centre for HIV / AIDS Control

The third objective of the project was to upgrade competence of the Centre for HIV/AIDS Control (formerly known as The Committee for HIV/AIDS Control); and part of Quang Ninh Medical Service including the skills of providing services for PLHA in the company and community. The goal was to train 10 employees into provincial-level lecturers from Quang Ninh Centre for HIV/AIDS Control and Ha Long HIV/AIDS Control Board; and to coach 10 employees of the People's Committees of Quang Ninh and Ha Long city in project managing skills.. The project result was that 20 province-level lecturers and 20 employees have been trained successfully. How CARE's project influenced the activities of the Centre for HIV/AIDS Control in Quang Ninh and the Board for HIV/AIDS Control in Ha Long city as a result of this support will be analysed as follows:

7.1 The Project's Sustainability

7.1.1. Use of Trained Staff

According to a report by Quang Ninh HIV/AIDS Control Centre, very few employees who were trained in project management by the project have continued their work in the Centre. There is only one doctor at the centre which is also the case at the Ha Long Board for HIV/AIDS Control

"I feel very disappointed at the abandoning of the trained employees, leaving me here to work alone." (Vice manager of Quang Ninh Centre for HIV/AIDS Control)

7.1.2 Training activities for HIV/AIDS control centres of lower ranks, in clubs and companies

Despite the abandonment of most employees trained by the project, the remaining employees have been effectively applying their knowledge acquired from the training. Of particular importance is that they have been coaching lower-ranked employees on how to work with national projects, including organising annual training events:

"Every year, within the national programs, we open courses for employees coaching them in managing projects and dealing with local issues. We pay special attention to the employees of 14 districts in terms of getting them trained twice a year in two regions – the west and the east of the province. The courses are organised right at the spot by the district authorities and financed and lectured by us. Last year, as planned, 10 courses were organised throughout the province, each having 30 – 40 attendants." (Vice manager of Quang Ninh Centre for HIV/AIDS Control)

In Ha Long city, the Board for HIV/AIDS Control has coached the village employees in HIV/AIDS control skills which they gained from the project :

"In each of the 20 villages, we have provided a course to transfer knowledge on HIV/AIDS control to the local employees and staff of the city Medical centre." (Ha Long Board for HIV/AIDS Control – report on HIV/AIDS control, 2006).

7.1.3 Application of transferred knowledge to HIV/AIDS control

In addition to applying knowledge for training local employees as detailed above, knowledge transferred by CARE has helped make a significant improvement in terms of project management skills, especially skills of supervising and collecting information for the employees in the province.

“Knowledge on implementing and supervising the projects is most frequently applied. I have experienced that many other projects are set up with lots of goals and action plans, but no activities of supervision and evaluation on the projects outcomes are designed. Thanks to the knowledge gained from the CARE training sessions, I can now design a project that can keep track of project operations and its results.” (Chief of Ha Long Board for HIV/AIDS Control).

7.1.4 Activities of Designing Policies on HIV/AIDS control

Although the majority of trained employees left the Quang Ninh Centre for HIV/AIDS Control, the remaining staff have been effective in assisting the heads of Department of Health and PAC.

“We have helped the Department of Health in the planning of action programs for the period of 2001 – 2005 and 2005 – 2010. Though we are few in number, our achievement has by no means been little.” (Vice manager of Quang Ninh Centre for HIV/AIDS Control)

The employees working at the Ha Long Board for HIV/AIDS Control have also applied their specialised knowledge by assisting the city authorities in making annual policies and plans for HIV/AIDS control.

“We have given advice to the city authorities on the handling of the movement and on conducting the programs of HIV/AIDS control to the year 2020.” (Vice manager of Ha Long Board for HIV/AIDS Control)

Therefore, the impact of CARE’s project management training for employees is evident by the employees’ effective contribution to mobilising the interest of the local authorities in HIV/AIDS control.

“We find it necessary to push the authorities into this battle because we know that it can’t be won without their participation.” (Vice manager of Ha Long Board for HIV/AIDS Control)

These employees have not only contributed to the design of strategies and policies, but also positively offered guidance on the implementation of these plans.

7.1.5 Cooperation with companies for HIV/AIDS control in the workplace

As the number of the provincial lecturers working at the Quang Ninh Centre for HIV/AIDS Control is low, the activities of providing information on HIV/AIDS control including training, has no longer been completed by the Centre. In fact, the Centre has only provided documents for communicating on HIV/AIDS control in the workplace which were not used during the time of the project. This indicates that human resources are an important factor for the continuation of project activities.

“I am the only one left to complete project management, therefore I can only help the companies with documents. For additional needs, they need to source these themselves. Obstacles are a result of different issues but mainly the lack of staff.. In 2007, I myself considered to leave.” (Vice manager of Quang Ninh Centre for HIV/AIDS Control)

7.2 Assessment of Impact

7.2.1 Strengths

Although the project “Confronting was in operation for quite a short time (3 years), its results have been highly appreciated by the employees belonging to Ha Long Board for HIV/AIDS Control and Quang Ninh Centre for HIV/AIDS Control.

Firstly, CARE helped upgrade the competence for the employees responsible for HIV/AIDS control in terms of designing and managing the project, and improving approaches for HIV/AIDS control in the workplace.

“CARE helped improve the employees’ ability to handle the issues relevant to HIV/AIDS control in the province; set up the management board for the project; and carried out communication in many companies. They also financially supported special employees such as the ones working “on location”; those doing some sort of course; and the ones in charge of HIV/AIDS control at the community level. CARE also successfully got the heads of the community helpfully interested in the movement.” (Vice manager of Quang Ninh Centre for HIV/AIDS Control)

“We have been trained in project management skills, so now we understand what a project is, how to prepare similar projects, and how to make plans of activities, supervising, evaluating and managing. We have also become skilful in providing information on how HIV/AIDS transmits in the community and in the workplace.” (Staff of The Medical Service, Ha Long city).

Secondly, CARE helped to improve the attitudes and awareness of the leaders of Quang Ninh. Consequently, these leaders have shown their care and support of the HIV/AIDS projects successively implemented in Quang Ninh including making favourable conditions for their implementation.

“CARE has shaken the heart of the province leaders and set them as leaders for the movement. Discrimination has been reduced.” (Quang Ninh Centre for HIV/AIDS Control)

“Thanks to CARE, the companies have improved their attitude and improved the environment for the PLHA to live and work equally with others in most of the coalmines. Vinacoal has shown much care and financial support to the movement of HIV/AIDS control in the workplace.” (Vice manager of The Centre for HIV/AIDS Control, Ha Long city)

7.2.2 Weaknesses

Although there are significant notable strengths, there have also proved to be some short comings that need to be taken in consideration. One of those is the failure of putting the Employees’ ability to full use, which causes waste of human resources:

“In 2001, I was mobilised to do a training course conducted by CARE in HIV/AIDS control in the work place, but later I wasn’t needed.” (Vice manager of The Centre for HIV/AIDS Control, Ha Long city).

However, due to the change in the labour force, employees trained by CARE have been transferred to other fields. Even so, at their new workplace, the employees have still applied their specialised knowledge to in their new tasks.

7.3 The Impact of CARE's Project in Comparison to Other Projects

7.3.1 Summary on the activities of the other projects in Quang Ninh.

Since 2004, Quang Ninh has had numerous projects implemented featuring HIV/AIDS control and the treatment of PLHA, which were under the management of Quang Ninh Centre for HIV/AIDS Control. Such projects are as follows:

- ***Project for preventing transmission of HIV from mother to child***

This project was sponsored by Life-Gap, offering free services including HIV testing for pregnant women. Those who tested positive were prescribed medication and vaccinated to prevent the transmission of the virus from the mother to the foetus. The babies born to mothers who were HIV positive were fed with donated milk instead of breast milk within the first 6 months. The children with HIV also received medical treatment at the general hospitals of the province.

- ***Project of HIV/AIDS control – DFID***

This project included the following activities::

- Provided safe syringes for injecting drug users;
- Conducted HIV and STD prevention activities at entertainment spots (sold or donated free condoms to sex workers)
- Established medical centres for STD control;
- Communicated on HIV/AIDS control and benefits of using condoms to sailors at Hon Gai Harbour.

- ***Global Fund Project***

This project covered the following activities:

- Provided services of consultation and medical examinations;
- Provided information and treatment on opportunistic infection at HIV/AIDS clinics;
- Managed, cared for, and consulted with PLHA in the community.

- ***Project of supporting women living with HIV***

Through the club of Hoa Xuong Rong, this project conducted activities including:

- Mobilising the core members (PLHA) to approach the community;
- Carrying out club activities on HIV/AIDS control (coach core members with basic skills of communicating on HIV/AIDS control, educating the community, and providing home based care for PLHA);
- Held interactive events at the club, including entertainment activities and talks
- Provided medical checks at the club twice per month;
- Referred patients to outpatient clinics, the Ha Long Medical Centre, or Life-Gap, for consultation, testing, treatment for opportunistic infection, and ARV medication;
- Supported women and children living with HIV/AIDS who were also facing poverty (in cooperation with COHED).

- ***Project of HIV/AIDS control***

Key activities of this project included:

- Providing HIV/AIDS education through a loudspeaker system in the community;
- Communicating at resident gatherings;
- Holding contests on HIV/AIDS control in public areas;
- Handing out leaflets or hanging banners which promoted HIV/AIDS control;
- Including communication on HIV/AIDS control in flag-saluting sessions at schools;
- Providing consultation for HIV/AIDS control.

7.3.2. Comparing the impact of CARE's project with these projects

The first and most prominent difference between CARE's project impact and the other projects' is that CARE has been the first to carry out intervention activities on HIV/AIDS control in the workplace in Quang Ninh. CARE also successfully attained the local leaders support to be involved in the activities of the project:

"CARE is the one that put the first brick on the construction of the HIV/AIDS control and anti-discrimination movement, which can be regarded as a good example for other projects to follow. Thanks to the efforts of CARE, the activities of the other projects, like GTZ, FHI, Life-Gap, etc, have been easily conducted." (Vice manager of Quang Ninh Centre for HIV/AIDS Control)

The second difference is that CARE improved the movement to reduce discrimination toward PLHA in the workplace, therefore many people benefited. It has also been stated that CARE has made more widespread impact in the community than the other projects:

"CARE has extended its activities to most of the organisations in the province. The beauty is that workers who have picked up knowledge on the matter immediately transmit it to one another, shortly enabling the knowledge to be transferred to the community. As a result, it has been easier for other intervention activities, as well as the implementation of the other projects." (Vice manager of the Board for HIV/AIDS Control, Ha Long city).

The third feature of CARE's impact is that the project provided relevant information not only for PLHA, but also those not infected in order to assist in reducing the risk of the virus spreading. In comparison, the other projects limited their information and support to only PLHA or those at high risk.

"CARE has brought information to the labourers, employees, and staff of all the organisations through communication activities in the workplace. The other projects only brought information and treatment services to the ones who have high risk of contracting HIV in order to control it. For example, Life-Gap helped with managing and treating patients, and providing information on only certain aspects of HIV. Similarly, FHI only took intervention activities to prevent transmission, to treat those infected and to support those at high risk such as injecting drug users and sex workers. The strongest activities on HIV/AIDS control probably belong to PSI, which began in 2005 and are still in operation today. FHI has been maintaining club activities for drug takers since 2002. Around 2004 – 2005, FHI shifted their focus to treating PLHA with ARV." (Vice manager of Quang Ninh Centre for HIV/AIDS Control).

7.4 Recommendations for the Centre for HIV / AIDS Control

1. Continue training and retraining employees from the HIV/AIDS control centres

The employees of the HIV/AIDS control centres are responsible for the issues of HIV/AIDS control; for advising the Provincial People's Committee on making policies on HIV/AIDS control; for managing projects of HIV/AIDS control; and for training communicators of provinces.

Therefore training content needs to include: knowledge on managing, supervising, and evaluating projects; skills in making and fulfilling action plans; knowledge of method of transmission to lower ranked employees; and lobbying for relevant policies.

2. Conduct training sessions for the employees of The Provincial Labour Union and in the major provincial corporations such as The Vina Coal.

As previously outline, the task of HIV/AIDS control at workplace will be transferred from Quang Ninh PAC to the Provincial Labour Union. Thus, CARE should train the Labour Union staff at all levels (province, district, corporation, company). The training content should include:

- Advanced knowledge of the HIV virus including: myths of HIV transmission (e.g., mosquito bites); safe sex; Home-based care; Opportunistic Infection; and ARV treatment.
- Strengthening skills as approaching PLHA; lobbying; and communicating.

3. Help provincial companies maintain their communicators

By encouraging the implementation of policies to finance and support their activities, companies will improve their ability to maintain communicators as they will remain more devoted to this work.

4. Support the two HIV/AIDS control centres to mobilise resources

Mobilising resources from the state companies in addition to the private economic sector to support the HIV/AIDS control movement would be very beneficial. Supporting the role of the employees to aiding the Medical Service and the Provincial People's Committee with advice on issuing policies and making decisions is also recommended.

8.0 CONCLUSIONS

8.1. Project impact

By analysing the outcomes at the end of the project, the conclusions on the impact of the project are as follows:

1. This is the first project that has implemented activities to confront HIV/AIDS in the workplace in Quang Ninh Province. The most significant impact of the project is that it has drawn the attention of provincial authorities and the commitment to action of Vinacoal leaders, in which 17 member companies and 3 non-member companies committed to implement the project.
2. Due to the successful organisation of the project, effective policies to confront HIV/AIDS in the workplace have been developed and implemented. Although up to now there have been few companies that have continued to make annual plans of activities of communication or established funds, most field

companies have developed policies to widely communicate with their workers about HIV in addition to implementing anti-discrimination policies for PLHA.

3. The project trained staff for the Centre for AIDS control of Quang Ninh Province and Ha Long city in project management. Training was also provided at the provincial level and many communicators in companies have excellent skills in approaching and communicating on issues of HIV.
4. The project trained volunteers in Empathy Clubs to be able to provide home-based care and assistance to PLHA.
5. Due to successful communication, there has been a change in awareness and knowledge by the community and workers about HIV transmission and prevention. Perhaps the most remarkable change is in the attitude of company managing boards, workers, and community members towards PLHA since the project. These attitudes have shifted from being frightened and despising to sympathetic. However, the outcomes are limited as they have not reached the level of sharing and giving spiritual or financial support.

8.2 Project Sustainability

It can be concluded that the project has been sustainable. However, the levels of sustainability are different for each of the project stakeholders.

8.2.1 Quang Ninh Centre of HIV/AIDS control and Ha Long HIV/AIDS Control Committee

It is difficult to make conclusions regarding the project sustainability of these two offices. Staff of these two offices were trained on project management including project proposal design and evaluation, and become trainers for the HIV/AIDS workplace education program. At the time of evaluating the project's impact (2007) it was determined that those trained with this knowledge had moved to other missions. There is only one trained staff left at the Centre of HIV/AIDS Control in Quang Ninh Province and this person is currently the Centre's Vice Director. This is similar at the Ha Long HIV/AIDS Control Committee, with only one remaining trained person who also holds the position of Deputy Chief.

The new recruits have acquired basic knowledge of HIV/AIDS and skills of caring and consulting. However, they are not professionally trained in project management and teaching skills to become lecturers. The employees previously trained by CARE either moved or were too busy with management tasks to coach the new recruits in the job of teaching and managing projects.

However, those who were trained by CARE have utilised their knowledge and skills in their positions as counsellors for the Executive Committee and Provincial and City Authorities in developing policies and plans to prevent HIV/AIDS.

8.2.2 Empathy Clubs

It can be concluded that the project's sustainability level in regard to the Empathy Clubs is quite high. The women who have been trained on club operations and management are still organising activities. These clubs also still meet periodically - once every two or three months.

Communicators who completed training for providing home-based care and assistance to PLHA are still completing this work at people's homes and in the community.

Fund lending activities are also still being conducted regularly. With the initial fund of 48 million VND provided by CARE, the Board of Directors of the Union of Empathy Clubs have lent in turn to 20 club members. This has been a significant activity as some households have been able to reduce their level of poverty, even though they are still facing many difficulties. Additionally, although the amount of money was not large, it shows the commitment of the international community towards PLHA in Quang Ninh province and Vietnam in general.

8.2.3 Companies

There are a number of factors indicating achievement of sustainability within the companies. For example, company leaders have maintained the implementation of policies and communication related to HIV/AIDS in the workplace, including information on transmission and reducing discrimination towards PLHA. However, only a small number of companies have committed to developing and implementing annual plans on preventing HIV/AIDS and furthermore, no companies have established standby funds for HIV/AIDS prevention activities. Some companies have established general funds contributed to by workers in which a portion is spent on HIV/AIDS related activities. These activities are combined in meetings, the annual HIV/AIDS Day, and conferences about safety at work and environmental sanitation. Due to this lack of funds, communicating in small groups, delivering brochures, or displaying posters is no longer occurring. The reason why activities has ceased is attributed to the belief held by company leaders that the possibility of employees contracting HIV is low, therefore separate funds to support activities is not necessary..

Change in staff has also been high which has affected sustainability, as these staff losses also included trained communicators. The number of trained communicators currently working in the companies only accounts for 30%-50% of the total communicators trained by CARE.

However, the survey results show that workers' general knowledge of HIV is still above average, and knowledge of methods of transmission and prevention is also good. Knowledge regarding what HIV is; how many stages are included in HIV development; and the possibility to transmit to other people at the primary stage is however only just above average. In fact, staff that were working with the company during the project period had a better understanding of these issues than those who joined the companies after project completion (2004). This shows that the HIV communication activities, especially advanced knowledge about HIV, needs to be more widely communicated, especially for young workers who were recruited after 2004.

8.3 Suitability of Activities

By analysing the results quantitatively and qualitatively, it is evident that project activities designed and implemented are still suitable for the Empathy Club, Companies; and Centre for HIV/AIDS control in Quang Ninh Province and Ha Long City. Specifically:

8.3.1 Empathy Clubs

- A project objective was to establish and develop the clubs, and although this was successful with wards establishing a club (20 clubs in total), the lack of PLHA and their family joining the clubs is still high. Therefore, it remains necessary to outreach and encourage these people to participate in the clubs and receive support.

- The project also trained 80 club members (wives and mothers of PLHA) to be home care providers. However, many have stopped working in the community-based care group because some of them are getting old, and others have had their children die. The Union of Empathy Clubs plans to encourage HIV positive people to take up this important task. Therefore, continuing training on home-based care is very necessary.
- Training health workers to be club leaders was also an important project activity. Currently, 6 of the original 8 health workers continue with this work. CARE has supported in training the new club chairmen, but these new trainees are for Ha Long city only, while in Cam Pha the club chairmen also needs training.
- The project also supplied medical kits for home-based care. The kits were used for an average of 20-25 people per month. Currently however, the kits have run out of medications and the number of the HIV positive people developing AIDS has not decreased. This means support for home based care medical kits is still required. ,
- Supporting club members with loans was also a key activity. As mentioned previously, this activity was successful. The capital supplied by CARE has been reserved and increased. However, the terms for loans are still quite short (one year), therefore some club members have found it difficult to reduce their level of poverty. If loans were extended to 2-3 years, it may improve the end result of improving the person's situation over the long term.

8.3.2 Companies

- Activities during the project included the following:
 - 20 conferences on policy making for managers
 - Training on Formulating and Developing policy of HIV/AIDS control at workplace for 100 supervisors and 20 leaders of the companies
 - HIV/AIDS control policy and annual plan established in 20 companies

As stated previously, the majority of company leaders currently believe the risk of their employees contracting HIV is low. Therefore, these activities are still relevant, including an urgent need for workshops to educate company leaders on the real risk of HIV in the workplace and the benefit of establishing a separate fund for HIV/AIDS control activities.

- Relevant to the communicators, project activities included:
 - 20 orientation workshops
 - Training for 592 communicators on HIV related issues

As previously outlined, only 30-50% of trained communicators are currently still employees of the companies. These remaining workers have reported they need more training, including training on the new Law. In order to continue to reach and educate employees and reduce discrimination of PLHA, communicators should be provided with re-training.

8.3.3 Centre for HIV/AIDS control

- As previously described, the activities at the centre included training on project design and management, and training lecturers. Unfortunately, the health workers trained by the project have been transferred to other positions

and locations, leaving only 1 to work at the centre. Due to a high workload and a lack of time, this worker has reported that his knowledge gained from training with CARE has deteriorated. Additionally, in future, the management of HIV/AIDS control in the workplace will be transferred to the Quang Ninh Labour Union. This indicates that the activities (training) originally implemented by CARE would now be required by the Quang Ninh Labour Union.

8.4 Project Strengths

The main strength of the project was its impact on leaders of provincial or city levels, Vinacoal, and the community. The second strength was the implementation of high-quality training courses, which were practical and included retraining and technical help once the initial courses were completed. The final notable project strength was that it implemented an effective process of supervision and evaluation of project performance for ongoing management.

8.5 Project Weaknesses

A major weakness of the project was not being successful in mobilising companies to establish funds for HIV/AIDS prevention activities or an allowance for communicators. This has been noted to significantly impact numerous post-project outcomes as previously identified.

Another weakness is the turnover of staff which has been a waste of time, money and resources. It has ultimately placed increased pressure on remaining staff, and affected many of the post-project activities. This however this is an issue in result of external decisions and has been out of the control of project stakeholders.

8.6 Need for Support in the Future

The most assessed need for future support is training and retraining of employees and communicators. This training needs to cover both basic and advanced HIV related information, in addition to specific project management skills relevant to the employees.

The second assessed need is assistance in terms of communication resources including brochures; leaflets; books; and videos. Support is also required to allow re-stocking of the home based care medical kits

Thirdly is a need for financial assistance for Empathy Clubs in order to maintain club activities, assist in the support of PLHA, especially orphans; and provide an allowance for key communicators and home based carers.

Finally, there is also an assessed need to assist company leaders develop and implement policies which allows payment for communicators to complete workplace HIV education activities.

9.0 RECOMMENDATIONS

9.1 For CARE

1. Continue to encourage company leaders to accept HIV/AIDS as an issue at workplace

In order to achieve this, survey results could be provided to company leaders. Highlighting the results may improve the leaders understanding of their

employee's current awareness, behaviour and attitude toward HIV/AIDS and therefore actual risk of infection. Perhaps this will encourage them implement a necessary continuation of education and also fund communicators work as a result.

2. Continue to carry out training and re-training courses

Training topics should not only include modes of HIV transmission and prevention methods. They should focus more on caring methods, voluntary testing, referral mechanisms, policies, regimes, and laws related to PLHA in Vietnam. Training needs to be provided for the officers in the Centre of HIV/AIDS Control in Quang Ninh Province and Ha Long City; the Board of the Empathy Club; the Communicators in companies; the home-based carers; and community-based support groups

3. Carry out training for officers of Provincial and City's Labour Union, and Labour Unions of large private or state-based corporations

4. Support some communication resources for behaviour change such as: flyers, videos, tapes, models, and teaching tools.

5. Provide financial support for the work of core communicators in the Empathy Clubs

6. Provide support for HIV positive children and orphans

9.2. For State Agencies and Companies

1. Construct plans and policies to provide company employees with HIV related information and services

2. Intensify communication of HIV/AIDS in the workplace

Article 14 of the Law on HIV/AIDS prevention and control states: employers are responsible to organise communication and education on HIV/AIDS prevention methods, to fight against discrimination toward the PLHA working in their organisations

This could include providing free or reduced cost condoms; ensuring fair employment and income for PLHA; ceasing mandatory HIV testing at recruitment; establishing a HIV/AIDS prevention education fund which is contributed to by employees; providing an allowance for workplace Communicators; providing health services, insurance and home-based care for workers who have developed AIDS.

APPENDIX 1

Quantitative Tool

CODE _____

**SURVEY ON KNOWLEDGE, ATTITUDE AND PRACTICE REGARDING HIV/AIDS
USED FOR COMMUNICATOR/MANAGER**

DEFINITION	CODE
NAME AND CODE OF COMPANY: _____	[] []

How to answer:

- For questions with numbered answers: circle the number relevant to your answer. For example, circle number 1 if your answer is option 1. If the instruction allows taking several options, circle the all the numbers representing your answers.
- For questions with the answers marked with a box (☐) please tick the box with a cross. For example: ☒

Section 1: Respondents' information

NO	QUESTIONS AND FILTER QUESTIONS	CODE
101	Year of birth?	YEAR..... [] [] [] []
102	Sex?	MALE 1 FEMALE 2
103	How long have you been working for this company?	NO OF YEARS: YEAR
104	Which grade have you finished?	10-grade program: /10 12-grade program: /12
105	What is your highest qualification?	PROFESSIONAL TRAINING 1 VOCATIONAL TRAINING 2 COLLEGE/UNIVERSITY 3
106	Marital status? (ONLY 1 ANSWER CAN BE SELECTED)	SINGLE 1 MARRIED LIVING WITH SPOUSE 2 JUDICIAL SEPARATION 3 DIVORCE 4 WIDOWED 5
107	What is your occupation? (ONLY 1 ANSWER CAN BE SELECTED)	OFFICE STAFF 1 WORKER/UNSKILLED LABOUR 2 MANAGERIAL STAFF 3 OTHERS (SPECIFY) 98
108	Are you peer educator or manager?	Communicator 1 Manager 2 Both Communicator and Manager 3
109	Are you member of any politic-social organisations or any association/group/clubs in the list below? (MORE THAN 1 ANSWERS CAN BE SELECTED)	NOT PARTICIPATED 1 WOMEN ASSOCIATION 2 YOUTH UNION 3 VETERAN ASSOCIATION 4 PERSON LIVING WITH HIV SUPPORT GROUP/ASSOCIATION 5 TRADE UNION 6 OTHERS (SPECIFY) 98

Section 2: Knowledge, Attitude and, Behaviours regarding HIV/AIDS

NO	QUESTIONS AND FILTER QUESTIONS	CODE						
201	<p>According to you, at your workplace and community, what health related issues are considered serious?</p> <p>(MORE THAN 1 ANSWERS CAN BE SELECTED)</p>	CANCER..... 1 Tuberculosis and other lung illness 2 HIV/AIDS 3 Other STDs (besides HIV/AIDS)..... 4 Hepatitis B 5 OTHERS (SPECIFY).....98 DON'T KNOW99						
202	<p>You ever heard of or known about what kind of STDs in the list below?</p> <p>(MORE THAN 1 ANSWERS CAN BE SELECTED)</p>	HIV/AIDS 1 FUNGUS..... 2 GONORRHOEA..... 3 SYPHILIS..... 4 HERPES 5 TUBERCULOSIS 6 HEPATITIS B 7 CANCER..... 8 OTHERS (SPECIFY)..... 98						
203	<p>What do you think HIV is? (CIRCLE ONLY ONE NUMBER REPRESENTING YOUR ANSWER)</p>	NAME OF A DISEASE 1 NAME OF A BACTERIUM..... 2 NAME OF A VIRUS..... 3 OTHERS (PLEASE SPECIFY) 8 DON'T KNOW 99						
204	<p>What is your opinion about the link between HIV/AIDS and other STDs?</p> <p>- STDs increase the potential of HIV infection.</p> <p>- HIV/AIDS makes STD infection more serious.</p>	<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th style="width: 50%;">RIGHT</th> <th style="width: 50%;">WRONG</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	RIGHT	WRONG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RIGHT	WRONG							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
205	<p>According to you, HIV/AIDS can be transmitted by which of the following ways?</p> <p>(MORE THAN 1 ANSWERS CAN BE SELECTED)</p>	SEXUAL RELATION 1 EAT TOGETHER.....2 FROM MOTHER TO CHILD..... 3 HANDSHAKE 4 MOSQUITOES/INSECTS BITE..... 5 BLOOD TRANSFUSION 6 SHARING TOILET 7 OTHERS(PLEASE SPECIFY)..... 98						
206	<p>How many stages do you think HIV infection has? (CIRCLE ONLY ONE NUMBER REPRESENTING YOUR ANSWER)</p>	THRESHOLD 1 HIV INFECTION WITHOUT SYMPTOMS..... 2 HIV INFECTION WITH SYMPTOMS..... 3 AIDS..... 4 OTHERS(PLEASE SPECIFY).....98 ALL THE ABOVE STAGES..... 10						
207	<p>What do you think threshold is? (CIRCLE ONLY ONE NUMBER REPRESENTING YOUR ANSWER)</p>	WHEN AIDS-RELATED DISEASES APPEAR..... 1 AIDS..... 2 INITIAL INFECTION..... 3 OTHERS(PLEASE SPECIFY)..... 98						

208	Do you think that normal blood testing can detect HIV infection at the threshold stage?	YES 1 NO..... 2									
209	Which of the following symptoms do you think can appear at AIDS stage? (CIRCLE ALL THE NUMBERS REPRESENTING YOUR DIFFERENT ANSWERS)	LOSING WEIGH 1 PERSISTENT DIARRHOEA..... 2 PERSISTENT FEVER..... 3 PERSISTENT COUGHING 4 PIMPLES ON SKIN..... 5 HAIR FALL 6 OTHERS(PLEASE SPECIFY)..... 98									
210	Do you agree with the following 1. A person positive with HIV at “threshold” stage can transmit it to others? 2. A healthy-looking person can be HIV positive?	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	YES	NO	DON'T KNOW	<input type="checkbox"/>					
YES	NO	DON'T KNOW									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
211	Could you please name ways to avoid contracting HIV/AIDS (MORE THAN 1 ANSWERS CAN BE SELECTED)	AVOID SHARING INJECTION NEEDLE 1 USING CONDOMS 2 AVOID KISSING 3 SAFE BLOOD TRANSFUSION 4 ABSTAIN FROM SEX 5 AVOID SEX WITH ILL PEOPLE 6 LIVE FAITHFUL 7 AVOID MOSQUITO BITES..... 8 AVOID SEX WITH SEX WORKERS..... 9 AVOID SHARING TOOTHBRUSH/RAZOR/TOWEL 10 AVOID SHARING DISHES/GLASSES/TOILET 11 OTHERS (SPECIFY)..... 98 DON'T KNOW 99									
212	How do you evaluate the possibility of you being positive with HIV/AIDS? (CIRCLE ONLY ONE NUMBER REPRESENTING YOUR ANSWER)	NO POSSIBILITY 1 LOW POSSIBILITY 2 HIGH POSSIBILITY 3 DON'T KNOW/NOT CLEAR..... 99									
213	Have you ever heard the term “safe sex”?	YES 1 NO 2 DON'T KNOW 99									
214	What do you think is considered “safe sex”? (CIRCLE ALL THE NUMBERS REPRESENTING YOUR DIFFERENT ANSWERS)	USING CONDOM IN THE RIGHT WAY 1 FAITHFUL TO HUSBAND/WIFE 2 NO SEXUAL RELATIONS WITH SEX WORKERS. 3 NO SEXUAL RELATIONS WITH HOMOSEXUAL PEOPLE 4 OTHERS (PLEASE SPECIFY) 98									
215	Do you think that you may be positive with HIV if you have had sexual relations (without condom) with someone you know? Do you think that you may be positive with HIV if you have had sexual relations (without condom) with someone you don't know?	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	YES	NO	DON'T KNOW	<input type="checkbox"/>					
YES	NO	DON'T KNOW									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									

216	<p>Do you have sympathy for a person positive with HIV for having unsafe sex?</p> <p>Do you have sympathy for a person positive with HIV for having an unsafe blood transfusion?</p> <p>Do you have sympathy for a child positive with HIV from his/her mother?</p>	<p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>OTHER OPINION</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
	<p>Do you have sympathy for a person positive with HIV from sharing a syringe?</p> <p>Do you hesitate to visit a HIV positive person?</p> <p>Is it obligatory to require applicants to have HIV test before recruitment?</p> <p>Is it obligatory to require employees to have a HIV test in regular health checks?</p>	<p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>OTHER OPINION</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
217	Do you have a need to know who is positive with HIV at your workplace?	<p>YES..... 1</p> <p>NO 2</p> <p>DON'T KNOW 99</p>		
218	<p>Why do you think you should know them?</p> <p>(CIRCLE ONLY ONE NUMBER REPRESENTING YOUR ANSWER)</p>	<p>TO PROTECT MYSELF 1</p> <p>TO HELP THEM..... 2</p> <p>TO GET AWAY FROM THEM 3</p> <p>OTHERS (PLEASE SPECIFY): 98</p>		
219	<p>Suppose that there were people living with HIV at your workplace, what would be your attitude towards those people?</p> <p>(ONLY 1 ANSWER CAN BE SELECTED)</p>	<p>AFRAID, AVOID CONTACT 1</p> <p>CONTACT WITH BUT PROTECT YOURSELF..... 2</p> <p>NOT AFRAID, GIVE A HAND 3</p> <p>DO NOTHING 4</p> <p>OTHERS (SPECIFY): 8</p>		
220	<p>According to you, if a person is detected to be positive with HIV, should he or she be allowed to continue working at the company?</p> <p>(ONLY 1 ANSWER CAN BE SELECTED)</p>	<p>NO, DISMISS IMMEDIATELY..... 1</p> <p>MOVE TO ANOTHER POSITION..... 2</p> <p>CONTINUE WITH CURRENT JOB..... 3</p> <p>OTHERS (SPECIFY)..... 8</p>		
221	<p>According to you, is it advisable to announce names of people living with HIV so that other people know?</p> <p>(ONLY 1 ANSWER CAN BE SELECTED)</p>	<p>YES, TO PREVENT TRANSMISSION TO OTHERS..... 1</p> <p>NO, AS IT IS PERSONAL..... 2</p> <p>DON'T KNOW/DON'T CARE..... 3</p>		
222	<p>Since 2004 have there been cases in which people living with HIV were detected in your company?</p> <p>(ONLY 1 ANSWER CAN BE SELECTED)</p>	<p>YES, 1-2 PERSONS..... 1</p> <p>YES, 3-5 PERSONS..... 2</p> <p>YES, 6-10 PERSONS..... 3</p> <p>YES, >10 PERSONS..... 4</p> <p>NO 5</p> <p>DON'T KNOW 99</p>		
223	In case a person was detected having HIV, how was he or she	<p>FORCED TO RESIGN..... 1</p> <p>MOVED TO ANOTHER POSITION 2</p>		

	treated? (ONLY 1 ANSWER CAN BE SELECTED)	CONTINUE WITH CURRENT JOB.....3 OTHERS (SPECIFY).....8
224	Do you agree that way of treatment?	YES 1 NO 2
225	What are your reasons for the above idea?
226	Is your organisation currently supplying employees with condoms? (CIRCLE ONLY ONE NUMBER REPRESENTING YOUR ANSWER)	YES, SUPPLY FOR FREE 1 YES, BUT THE EMPLOYEES PAY FOR A CERTAIN PART 2 NO 3
227	Do you usually use a condom when having sex with your husband/wife? (CIRCLE ONLY ONE NUMBER REPRESENTING YOUR ANSWER)	NEVER 1 YES, BUT RARELY 2 YES, USUALLY 3 ALWAYS 4
228	What is your purpose of using condoms when having sex with your partner? (CIRCLE ALL THE NUMBERS REPRESENTING YOUR DIFFERENT ANSWERS)	TO PREVENT PREGNANCY 1 TO PREVENT STDs 2 TO PREVENT HIV 3
229	Have you ever had sexual relations beyond marriage? (CIRCLE ONLY ONE NUMBER REPRESENTING YOUR ANSWER)	YES 1 NO 2 DON'T REMEMBER 10
230	IF YES, do you usually use condoms when having sex with your partner? (CIRCLE ONLY ONE NUMBER REPRESENTING YOUR ANSWER)	NEVER 1 YES, BUT RARELY 2 YES, USUALLY 3 ALWAYS 4
231	What is your purpose of using condoms when having sex with your partner? (CIRCLE ALL THE NUMBERS REPRESENTING YOUR DIFFERENT ANSWERS)	TO PREVENT PREGNANCY 1 TO PREVENT STDs 2 TO PREVENT HIV 3
232	Who did you last have sex with?	HUSBAND/WIFE 1 PARTNER 2
233	Did you use a condom at that time?	YES 1 NO 2
234	How many people have you had sex with over the last 3 months?	NUMBER OF PEOPLE..... [] []
235	If you never use a condom, please state why? (CIRCLE ALL THE NUMBERS REPRESENTING YOUR DIFFERENT ANSWERS)	WASTE OF MONEY 1 FEEL UNCOMFORTABLE TO BUY 2 UNSUITABLE SIZE 3 BAD QUALITY 4 WASTE OF TIME 5 OTHERS (PLEASE SPECIFY) 8

Section 3: Types of training and communication implemented and future needs.

NO	QUESTIONS AND FILTER QUESTIONS	CODE
301	Have you been trained in issues relating to HIV/AIDS ?	YES..... 1 NO..... 2
302	IF YES, please specify the content of the training courses in which you participated? (CAN SELECT MORE THAN ONE OPTIONS)	WAYS OF INFECTION AND WAYS OF PREVENTION 1 ANTI-DISCRIMINATION..... 2 MEDICINE TO TREAT OPPORTUNISTIC INFECTION 3 ANTI VIRUS MEDICINE (ARV)..... 4 CONSULTATION ON HIV/AIDS AND CARE..... 5 PLACE FOR CONSULTATION AND VOLUNTEER TEST..... 6 COMMUNICATION SKILLS..... 7 SKILLS OF PLANNING, PROJECT MANAGEMENT, HIV/AIDS POLICY FORMULATION 8 OTHERS (SPECIFY):..... 98
303	Do you know who the organisers of those training courses were? (CAN SELECT MORE THAN ONE OPTIONS)	COMPANY 1 COMMITTEE FOR AIDS PREVENTION..... 2 STAFF OF CARE'S PROJECT 3 OTHER (PLEASE SPECIFY)..... 8
304	How long did the training courses last? (SELECT ONLY 1 OPTION)	1-3 DAYS 1 4-7 DAYS 2 MORE THAN 1 WEEK..... 3
305	Where did the training courses usually take place? (CAN SELECT MORE THAN ONE OPTIONS)	AT THE COMPANY PREMISES 1 AT ANOTHER PLACE OUTSIDE THE CITY..... 2 AT ANOTHER PLACE OUTSIDE QUANG NINH PROVINCE..... 3 OTHER (PLEASE SPECIFY)..... 8
306	Did you find the types of those training courses suitable? (SELECT ONLY 1 OPTION)	VERY SUITABLE..... 1 SUITABLE 2 NOT SUITABLE..... 3
307	Did you find the contents of those training courses useful? (SELECT ONLY 1 OPTION)	VERY USEFUL..... 1 USEFUL..... 2 NOT USEFUL..... 3
308	What other sources among those listed here have you received information from? (CAN SELECT MORE THAN ONE OPTIONS)	RADIO..... 1 TV 2 NEWSPAPERS/MAGAZINES..... 3 LEAFLETS/POSTERS..... 4 LOCAL BROADCASTING PROGRAMS 5 COMMUNITY MEETINGS 6 SCHOOLS..... 7 HEALTH AND POPULATION WORKERS 8 OTHER (PLEASE SPECIFY)..... 98
309	Which sources do you like best as a medium to receive HIV/AIDS related information? (CIRCLE ONLY ONE NUMBER REPRESENTING YOUR MOST FAVOURITE SOURCE OF INFORMATION)	RADIO..... 1 TV 2 NEWSPAPER/MAGAZINE 3 LEAFLET/POSTER 4 LOCAL BROADCASTING PROGRAM..... 5 COMMUNITY MEETING..... 6 SCHOOL..... 7 HEALTH & POPULATION WORKERS 8 OTHERS (PLEASE SPECIFY)..... 98

310	Who among those listed here have you ever discussed HIV/AIDS with? (CAN SELECT MORE THAN ONE OPTIONS)	HEALTH STAFF AT WORKPLACE..... 1 COLLEAGUES WHO ARE ALSO PEER EDUCATORS..... 2 LABOUR UNION STAFF 3 YOUTH UNION STAFF 4 FOREMAN/MANAGER..... 5 FRIENDS 6 FAMILY 7 OTHER (PLEASE SPECIFY)..... 8
311	To which of the following targets have you used this learnt knowledge to communicate further? (CIRCLE ALL THE NUMBERS REPRESENTING YOUR DIFFERENT ANSWERS)	EMPLOYEES 1 COLLEAGUES WHO ARE ALSO COMMUNICATOR 2 FAMILY 3 FRIEND..... 4 NEIGHBOUR..... 5 OTHERS (PLEASE SPECIFY)..... 98
312	To how many people in a month have you communicated the learnt knowledge?(WRITE NUMBER OF PEOPLE)	NUMBER OF PEOPLE
313	What method did you often use when carrying out the communication? (CAN SELECT MORE THAN ONE OPTIONS)	IN SMALL GROUPS..... 1 AT MEETINGS 2 DIRECTLY WITH INDIVIDUAL 3 IN-COMPANY BROADCASTING..... 4 OTHER (PLEASE SPECIFY)..... 8
314	What is your assessment on the attitude of receiving information by those you have communicated to at your workplace? (CIRCLE ALL THE NUMBERS REPRESENTING YOUR DIFFERENT ANSWERS)	VERY INTERESTED 1 IGNORANT 2 PROTESTING 3 DON'T KNOW 10
315	What other forms of communication among those listed here are taken to communicate about HIV/AIDS to labourers in your company, besides those you took? (CAN SELECT MORE THAN ONE OPTIONS)	HIV/AIDS PREVENTION MEETING..... 1 TRAINING/WORKSHOP..... 2 NOTICE BOARD 3 POLICY OF THE COMPANY 4 IN-COMPANY BROADCASTING..... 5 LEAFLETS, POSTERS IN COMPANY 6 AWARENESS COMPETITION 7 READING THE "FACT ABOUT HIV/AIDS FOR EMPLOYEES"..... 8 COMMUNICATION IN CULTURE PERFORMANCE..... 9 OTHERS (SPECIFY):..... 98
316	Do you think the information/services of HIV/AIDS and STDs are useful for employees of the company? (SELECT ONLY 1 OPTION)	VERY USEFUL..... 1 NORMAL..... 2 NOT USEFUL..... 3
317	Do you evaluate your knowledge of HIV/AIDS as adequate? (SELECT ONLY 1 OPTION)	VERY ADEQUATE 1 ADEQUATE..... 2 NOT ADEQUATE 3
318	Do you evaluate knowledge of HIV/AIDS by your company's employees as adequate? (SELECT ONLY 1 OPTION)	VERY ADEQUATE 1 ADEQUATE..... 2 NOT ADEQUATE 3

319	Do you think it is necessary to provide more knowledge of HIV/AIDS and STDs prevention for yourself and employees in your company?	YES..... 1 NO..... 2
320	If necessary, which content should be emphasised? (CIRCLE ALL THE NUMBERS REPRESENTING YOUR DIFFERENT ANSWERS)	WAYS OF INFECTION 1 WAYS OF PREVENTION 2 ANTI- DISCRIMINATION 3 TEST SITES..... 4 CONSULTATION ON DISEASE AND CARE 5 MODE OF TREATMENT 6
321	Which forms of communication do you think are most suitable for the employees of your company? (SELECT ONLY 2 MOST SUITABLE OPTIONS)	HIV/AIDS PREVENTION MEETING..... 1 IN SMALL GROUPS 2 TRAINING/WORKSHOP..... 3 NOTICE BOARD 4 POLICY OF THE COMPANY 5 IN-COMPANY BROADCASTING..... 6 LEAFLETS, POSTERS IN COMPANY 7 AWARENESS COMPETITION 8 READING THE "FACT ABOUT HIV/AIDS FOR EMPLOYEES" 9 COMMUNICATION IN CULTURE PERFORMANCE..... 10 OTHERS (SPECIFY): 98
322	Do you think that company should provide free condoms?	YES..... 1 NO..... 2
323	Does your company have a policy on HIV/AIDS prevention at workplace?	YES..... 1 NO..... 2
324	What are the contents of this policy? (CIRCLE ALL THE NUMBERS REPRESENTING YOUR DIFFERENT ANSWERS)	RESPECT PRIVACY 1 OPPOSE DISCRIMINATION 2 EXTENSIVE COMMUNICATION ON PREVENTION 3 NOT REQUIRE EMPLOYEES TO TAKE HIV TEST 4 NOT REQUIRE HIV POSITIVE EMPLOYEES TO RESIGN..... 5 NOT TRANSFER FOR THE REASON OF HIV INFECTION 6 SUPPORT IN CARE AND TREATMENT 7 RESERVE FUND FOR HIV/AIDS PREVENTION ACTIVITIES 8 OTHERS (PLEASE SPECIFY)..... 98
325	Are you satisfied with the contents of this policy?	YES..... 1 NO..... 2
326	What do you think should be included in the content of a policy for confronting HIV/AIDS at the workplace? (CIRCLE ALL THE NUMBERS REPRESENTING YOUR DIFFERENT ANSWERS)	RESPECT PRIVACY 1 OPPOSE DISCRIMINATION 2 EXTENSIVE COMMUNICATION ON PREVENTION 3 NOT REQUIRE EMPLOYEES TO TAKE HIV TEST 4 NOT REQUIRE HIV POSITIVE EMPLOYEES TO RESIGN..... 5 NOT TRANSFER HIV POSITIVE EMPLOYEES 6 SUPPORT IN CARE AND TREATMENT 7 RESERVE FUND FOR HIV/AIDS PREVENTION ACTIVITIES 8 OTHERS (PLEASE SPECIFY)..... 98

Thank for your responses!

CODE _____

**SURVEY ON HIV/AIDS KNOWLEDGE, ATTITUDE AND PRACTICE
Used for EMPLOYEE**

DEFINITION	CODE
NAME AND CODE OF COMPANY: _____	[] []
<p>How to answer :</p> <p>- For questions with numbered answers: circle the number relevant to your answer. For example, circle number 1 if your answer is option 1. If the instruction allows taking several options, circle the all the numbers representing your answers.</p> <p>- For questions with the answers marked with a box (☐) please tick the box with a cross.</p> <p>For example: ☒</p>	

Section 1: Respondents' information

NO	QUESTIONS AND FILTER QUESTIONS	CODE
101	Year of birth?	YEAR..... [] [] [] []
102	Sex?	MALE..... 1 FEMALE 2
103	How long have you been working for this company?	NO OF YEARS:..... YEAR
104	Which grade have you finished?	10-grade program:...../10 12-grade program:...../12
105	What is your highest qualification?	PROFESSIONAL TRAINING 1 VOCATIONAL TRAINING 2 COLLEGE/UNIVERSITY 3
106	Marital status? (ONLY 1 ANSWER CAN BE SELECTED)	SINGLE..... 1 MARRIED LIVING WITH SPOUSE..... 2 JUDICIAL SEPARATION..... 3 DIVORCE..... 4 WIDOWED..... 5
107	What is your occupation? (ONLY 1 ANSWER CAN BE SELECTED)	OFFICE STAFF..... 1 WORKER/UNSKILLED LABOUR 2 MANAGERIAL STAFF..... 3 OTHERS (SPECIFY)..... 98
108	Are you member of any politic-social organisations or any association/group/clubs in the list below? (MORE THAN 1 ANSWERS CAN BE SELECTED)	NOT PARTICIPATED..... 1 WOMEN ASSOCIATION..... 2 YOUTH UNION 3 VETERAN ASSOCIATION 4 PERSON LIVING WITH HIV SUPPORT GROUP/ASSOCIATION 5 TRADE UNION 6 OTHERS (SPECIFY)..... 98

Section 2: HIV/AIDS Knowledge, attitude and behaviours

NO	QUESTIONS AND FILTER QUESTIONS	CODE						
201	<p>According to you, at your workplace and community, what health related issues are considered serious?</p> <p>(MORE THAN 1 ANSWERS CAN BE SELECTED)</p>	<p>CANCER..... 1</p> <p>TUBERCULOSIS AND OTHER LUNG ILLNESS..... 2</p> <p>HIV/AIDS..... 3</p> <p>OTHER STDS (BESIDES HIV/AIDS) 4</p> <p>HEPATITIS B..... 5</p> <p>OTHERS (SPECIFY) 98</p> <p>DON'T KNOW 99</p>						
202	<p>You ever heard of or known about what kind of STDs in the list below?</p> <p>(MORE THAN 1 ANSWERS CAN BE SELECTED)</p>	<p>HIV/AIDS..... 1</p> <p>FUNGUS..... 2</p> <p>GONORRHOEA 3</p> <p>SYPHILIS..... 4</p> <p>HERPES..... 5</p> <p>TUBERCULOSIS..... 6</p> <p>HEPATITIS B..... 7</p> <p>CANCER 8</p> <p>OTHERS (SPECIFY) 98</p>						
203	<p>What do you think HIV is?</p> <p>(CIRCLE ONLY ONE NUMBER REPRESENTING YOUR ANSWER)</p>	<p>NAME OF A DISEASE..... 1</p> <p>NAME OF A BACTERIUM 2</p> <p>NAME OF A VIRUS 3</p> <p>OTHERS (PLEASE SPECIFY)..... 8</p> <p>DON'T KNOW 99</p>						
204	<p>What is your opinion about the link between HIV/AIDS and other STDs?</p> <p>- STDs increase the potential of HIV infection.</p> <p>- HIV/AIDS makes STD infection more serious.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: center;">RIGHT</th> <th style="width: 50%; text-align: center;">WRONG</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>	RIGHT	WRONG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RIGHT	WRONG							
<input type="checkbox"/>	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>							
205	<p>According to you, HIV/AIDS can be transmitted by which of the following ways?</p> <p>(MORE THAN 1 ANSWERS CAN BE SELECTED)</p>	<p>SEXUAL RELATION..... 1</p> <p>EAT TOGETHER..... 2</p> <p>FROM MOTHER TO CHILD 3</p> <p>HANDSHAKE 4</p> <p>MOSQUITOES/INSECTS BITE..... 5</p> <p>BLOOD TRANSFUSION..... 6</p> <p>SHARING TOILET 7</p> <p>OTHERS(PLEASE SPECIFY)..... 98</p>						
206	<p>How many stages do you think HIV infection has?</p> <p>(CIRCLE ONLY ONE NUMBER REPRESENTING YOUR ANSWER)</p>	<p>THRESHOLD 1</p> <p>HIV INFECTION WITHOUT SYMPTOMS 2</p> <p>HIV INFECTION WITH SYMPTOMS..... 3</p> <p>AIDS..... 4</p> <p>OTHERS(PLEASE SPECIFY)..... 98</p> <p>ALL THE ABOVE STAGES..... 10</p>						
207	<p>What do you think threshold is?</p> <p>(CIRCLE ONLY ONE NUMBER REPRESENTING YOUR ANSWER)</p>	<p>WHEN AIDS-RELATED DISEASES APPEAR..... 1</p> <p>AIDS..... 2</p> <p>INITIAL INFECTION 3</p> <p>OTHERS(PLEASE SPECIFY)..... 98</p>						

208	Do you think that normal blood testing can detect HIV infection at the threshold stage?	YES..... 1 NO.....2									
209	Which of the following symptoms do you think can appear at AIDS stage? (CIRCLE ALL THE NUMBERS REPRESENTING YOUR DIFFERENT ANSWERS)	LOSING WEIGH 1 PERSISTENT DIARRHOEA2 PERSISTENT FEVER3 PERSISTENT COUGHING4 PIMPLES ON SKIN.....5 HAIR FALL6 OTHERS(PLEASE SPECIFY)..... 98									
210	Do you agree with the following 1. A person positive with HIV at “threshold” stage can transmit it to others? 2. A healthy-looking person can be HIV positive?	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	YES	NO	DON'T KNOW	<input type="checkbox"/>					
YES	NO	DON'T KNOW									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
211	Could you please name ways to avoid contracting HIV/AIDS (MORE THAN 1 ANSWERS CAN BE SELECTED)	AVOID SHARING INJECTION NEEDLE 1 USING CONDOMS..... 2 AVOID KISSING 3 SAFE BLOOD TRANSFUSION 4 ABSTAIN FROM SEX..... 5 AVOID SEX WITH ILL PEOPLE 6 BE FAITHFULLY TO WIFE/HUSBAND 7 AVOID MOSQUITO BITES 8 AVOID SEX WITH SEX WORKERS..... 9 AVOID SHARING TOOTHBRUSH/ RAZOR/TOWEL 10 AVOID SHARING DISHES /GLASSES/ TOILET 11 OTHERS (SPECIFY)..... 98 DON'T KNOW..... 99									
212	How can you evaluate the possibility of your being positive with HIV/AIDS? (CIRCLE ONLY ONE NUMBER REPRESENTING YOUR ANSWER)	NO POSSIBILITY..... 1 LOW POSSIBILITY 2 HIGH POSSIBILITY 3 DON'T KNOW/NOT CLEAR..... 99									
213	Have you ever heard the term “safe sex”?	YES 1 NO..... 2 DON'T KNOW 99									
214	What do you think is considered “safe sex”? (CIRCLE ALL THE NUMBERS REPRESENTING YOUR DIFFERENT ANSWERS)	USING CONDOM IN THE RIGHT WAY 1 FAITHFUL TO HUSBAND/WIFE 2 NO SEXUAL RELATIONS WITH SEX WORKERS. 3 NO SEXUAL RELATIONS WITH HOMOSEXUAL PEOPLE 4 OTHERS(PLEASE SPECIFY)..... 98									
215	Do you think that you may be positive with HIV if you have sexual relations (without condom) with someone you know? Do you think that you may be positive with HIV if you have sexual relations (without condom) with someone you don't know?	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	YES	NO	DON'T KNOW	<input type="checkbox"/>					
YES	NO	DON'T KNOW									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									

216	<p>Do you have sympathy for a person positive with HIV for having unsafe sex?</p> <p>Do you have sympathy for a person positive with HIV for having unsafe blood transfusion?</p> <p>Do you have sympathy for a child positive with HIV from his/her mother?</p>	<p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>OTHER OPINION</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
	<p>Do you have sympathy for a person positive with HIV for sharing a syringe?</p> <p>Do you hesitate to visit a HIV positive person?</p> <p>Is it obligatory to require applicants to have a HIV test before recruitment?</p> <p>Is it obligatory to require employees to have a HIV test at regular health checks?</p>	<p>YES</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>NO</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>OTHER OPINION</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
217	Do you have a need to know who is positive with HIV at your workplace?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 99</p>		
218	<p>Why do you think you should know them?</p> <p>(CIRCLE ONLY ONE NUMBER REPRESENTING YOUR ANSWER)</p>	<p>TO PROTECT MYSELF 1</p> <p>TO HELP THEM 2</p> <p>TO GET AWAY FROM THEM 3</p> <p>OTHERS (PLEASE SPECIFY): 98</p>		
219	<p>Suppose that there were people living with HIV at your workplace, what would be your attitude to wards those people?</p> <p>(ONLY 1 ANSWER CAN BE SELECTED)</p>	<p>AFRAID, AVOID CONTACT 1</p> <p>CONTACT WITH BUT PROTECT YOURSELF 2</p> <p>NOT AFRAID, GIVE A HAND 3</p> <p>DO NOTHING 4</p> <p>OTHERS (SPECIFY): 8</p>		
220	<p>According to you, when a person is detected to be positive with HIV, should he or she be allowed to continue working at the company?</p> <p>(ONLY 1 ANSWER CAN BE SELECTED)</p>	<p>NO, DISMISS IMMEDIATELY 1</p> <p>MOVE TO ANOTHER POSITION 2</p> <p>CONTINUE WITH CURRENT JOB 3</p> <p>OTHERS (SPECIFY) 8</p>		
221	<p>According to you, is it advisable to announce names of the people living with HIV so that other people know?</p> <p>(ONLY 1 ANSWER CAN BE SELECTED)</p>	<p>YES, TO PREVENT TRANSMISSION TO OTHERS 1</p> <p>NO, AS IT IS PERSONAL 2</p> <p>DON'T KNOW/DON'T CARE 3</p>		
222	<p>Since 2004 have there been cases in which people living with HIV were detected in your company?</p> <p>(ONLY 1 ANSWER CAN BE SELECTED)</p>	<p>YES, 1-2 PERSONS 1</p> <p>YES, 3-5 PERSONS 2</p> <p>YES, 6-10 PERSONS 3</p> <p>YES, >10 PERSONS 4</p> <p>NO 5</p> <p>DON'T KNOW 99</p>		

223	In case a person was detected having HIV, how was he or she treated? (ONLY 1 ANSWER CAN BE SELECTED)	FORCED TO RESIGN 1 MOVED TO ANOTHER POSITION 2 CONTINUE WITH CURRENT JOB 3 OTHERS (SPECIFY) 8
224	Do you agree that way of treatment?	YES 1 NO 2
225	What are your reasons for the above idea?
226	Is your organisation currently supplying employees with condoms? (CIRCLE ONLY ONE NUMBER REPRESENTING YOUR ANSWER)	YES, SUPPLY FOR FREE 1 YES, BUT THE EMPLOYEES PAY FOR A CERTAIN PART 2 NO 3
227	Do you usually use condoms when having sex with your husband/wife? (CIRCLE ONLY ONE NUMBER REPRESENTING YOUR ANSWER)	NEVER 1 YES, BUT RARELY 2 YES, USUALLY 3 ALWAYS 4
228	Reason for your use of condoms? (MORE THAN 1 ANSWERS CAN BE SELECTED)	FOR AVOIDING PREGNANCY 1 FOR STD PREVENTION 2 FOR HIV PREVENTION 3 OTHERS (SPECIFY) 8
229	Have you ever had sexual relations beyond marriage? (CIRCLE ONLY ONE NUMBER REPRESENTING YOUR ANSWER)	YES 1 NO 2 DON'T REMEMBER 10
230	IF YES, do you usually use condoms when having sex with your partner? (CIRCLE ONLY ONE NUMBER REPRESENTING YOUR ANSWER)	NEVER 1 YES, BUT RARELY 2 YES, USUALLY 3 ALWAYS 4
231	What is your purpose of using condoms when having sex with your partner? (CIRCLE ALL THE NUMBERS REPRESENTING YOUR DIFFERENT ANSWERS)	TO AVOID PREGNANCY 1 FOR STD PREVENTION 2 FOR HIV PREVENTION 3
232	Who did you last have sex with??	HUSBAND/WIFE 1 PARTNER 2
233	Did you use a condom at that time?	YES 1 NO 2
234	How many people have you had sex with over the last 3 months?	NUMBER OF PEOPLE [] []
235	If you never use condoms, please tell why? (CIRCLE ALL THE NUMBERS REPRESENTING YOUR DIFFERENT ANSWERS)	WASTE OF MONEY 1 FEEL UNCOMFORTABLE TO BUY 2 UNSUITABLE SIZE 3 BAD QUALITY 4 WASTE OF TIME 5 OTHERS (PLEASE SPECIFY) 8

Section 3: Need for HIV related information and prevention services

NO	QUESTIONS AND FILTER QUESTIONS	CODE
301	Have you ever received information and services regarding HIV/AIDS and other STDs at the workplace?	YES..... 1 NO..... 2
302	IF YES, please specify the content of the information you received	WAYS OF INFECTION1 WAYS OF PREVENTION 2 ANTI-DISCRIMINATION..... 3 MEDICINE TO TREAT OPPORTUNISTIC INFECTION 4 ANTI VIRUS MEDICINE (ARV) 5 CONSULTATION ON HIV/AIDS AND CARE..... 6 PLACE FOR CONSULTATION AND VOLUNTEER TEST..... 7 OTHERS (PLEASE SPECIFY):..... 98
303	What kind of communication about HIV/AIDS are available in your company? (MORE THAN 1 ANSWERS CAN BE SELECTED)	HIV/AIDS PREVENTION MEETING..... 1 IN SMALL GROUPS..... 2 TRAINING/WORKSHOP..... 3 NOTICE BOARD 4 POLICY OF THE COMPANY 5 IN-COMPANY BROADCASTING 6 LEAFLETS, POSTERS IN COMPANY 7 AWARENESS COMPETITION..... 8 READING THE “FACT ABOUT HIV/AIDS FOR EMPLOYEES” 9 COMMUNICATION IN CULTURE PERFORMANCE..... 10 OTHERS (SPECIFY):..... 98
304	Besides information received at the workplace, where else do you receive information on HIV/AIDS? (MORE THAN 1 ANSWERS CAN BE SELECTED)	RADIO..... 1 TV 2 NEWSPAPERS/MAGAZINES 3 PAMPHLETS/LEAFLETS 4 LOCAL LOUD SPEAKERS 5 COMMUNITY MEETING..... 6 SCHOOL 7 HEALTH, POPULATION COLLABORATOR 8 OTHERS (SPECIFY) 98
305	Have you discussed about HIV/AIDS with any of the following? (MORE THAN 1 ANSWERS CAN BE SELECTED)	HEALTH STAFF 1 COMMUNICATOR..... 2 TRADE UNION STAFF 3 YOUTH UNION STAFF..... 4 FOREMAN/MANAGER 5 FRIENDS OR COLLEAGUES..... 6 FAMILIES 7 OTHERS (SPECIFY) 98

306	According to you, information regarding HIV/AIDS and other STDs was useful to you? (ONLY 1 ANSWER CAN BE SELECTED)	VERY USEFUL..... 1 NORMAL..... 2 NOT VERY 3
307	Do you know the communicators at your workplace?	YES..... 1 NO..... 2
308	How many communication sessions have you received from the communicators? (WRITE THE NUMBER OF SESSIONS)	NUMBER SESSIONS:.....
309	What is your opinion about the communication of your company's communicators? (CIRCLE ONLY ONE NUMBER REPRESENTING YOUR ANSWER)	VERY GOOD..... 1 GOOD 2 AVERAGE 3 BAD..... 4
310	Does your company have a policy on HIV/AIDS prevention at workplace?	YES..... 1 NO..... 2
311	What are the contents of this policy? (CIRCLE ALL THE NUMBERS REPRESENTING YOUR DIFFERENT ANSWERS)	RESPECT CONFIDENTIALITY..... 1 OPPOSE DISCRIMINATION 2 EXTENSIVE COMMUNICATION ON PREVENTION 3 NOT REQUIRE EMPLOYEES TO TAKE HIV TEST 4 NOT TO REQUIRE HIV POSITIVE EMPLOYEES TO RESIGN 5 NOT TO TRANSFER WORKERS DUE TO HIV INFECTION 6 SUPPORT IN CARE AND TREATMENT 7 RESERVE FUND FOR HIV/AIDS PREVENTION ACTIVITIES 8 OTHERS (PLEASE SPECIFY)..... 98
312	Are you satisfied with the contents of this policy?	YES..... 1 NO..... 2
313	According to you, is your knowledge about HIV/AIDS is sufficient? (ONLY 1 ANSWER CAN BE SELECTED)	COMPLETELY SUFFICIENT 1 SUFFICIENT 2 NOT SUFFICIENT 3
314	It is necessary to provide more knowledge about prevention of HIV and other STDs for employees in your company?	YES..... 1 NO..... 2

315	<p>If necessary, what content should be provided? (CIRCLE ALL THE NUMBERS REPRESENTING YOUR DIFFERENT ANSWERS)</p>	<p>WAYS OF INFECTION..... 1 WAYS TO PREVENT 2 ANTI-DISCRIMINATION..... 3 TESTING LOCATIONS..... 4 CONSULTATION ON DISEASE AND CARE..... 5 MODE OF TREATMENT 6</p>
316	<p>According to you, which of the following methods of communication would be best suitable for you? (SELECT ONLY 2 MOST SUITABLE ANSWERS)</p>	<p>HIV/AIDS PREVENTION MEETING..... 1 IN SMALL GROUPS..... 2 TRAINING/WORKSHOP..... 3 NOTICE BOARD 4 POLICY OF THE COMPANY 5 IN-COMPANY BROADCASTING 6 LEAFLETS, POSTERS IN COMPANY 7 AWARENESS COMPETITION..... 8 READING THE "FACT ABOUT HIV/AIDS FOR EMPLOYEES" 9 COMMUNICATION IN CULTURE PERFORMANCE..... 10 OTHERS (SPECIFY):..... 98</p>
317	<p>What time of the day do you think is most suitable for communication? (CIRCLE ONLY ONE NUMBER REPRESENTING YOUR ANSWER)</p>	<p>BEGINNING OF A SHIFT 1 BREAK..... 2 LUNCH BREAK 3 EVENING 4 OTHERS (PLEASE SPECIFY)..... 98</p>

Thank for your responses!

APPENDIX 2

Qualitative Tool

INTERVIEWING GUIDE FOR LEADERS OF EMPATHY CLUBS

Objectives:

- To assess the suitability of CARE's project activities in for 2005 to present;
- To identify the project's impact on the club's development;
- To direct the clubs' future activities;
- To identify needs for activities in HIV/AIDS prevention..

Duration: 60 minutes

Core Questions

Are the activities that were designed and implemented by CARE's project currently suitable to the current conditions of Empathy Clubs? What kind of impact did the project have on the clubs? What are the club's direction of future development? What are the club's needs in terms of support in the coming time?

Specific questions

1. Assess the clubs' activities (Note: prior to the in-depth interview it is necessary to make a list of the activities implemented since the project's completion):

- History of clubs' development and regulation
- Details of Clubs Members
- Please tell us about the specific activities of the club at present and comment on the strengths, weaknesses, advantages, and difficulties.

2. Assess the project's impact and sustainable development

- How did the project affect the Empathy Clubs' development (number of clubs and members, types of members)?
- According to project design, what activities are currently being conducted by the club? Please list down all activities. Which ones are considered successful? Which ones are considered sustainable? What factors affect the success and sustainability of those activities?
- What are the changes in the club members' knowledge (compare with that in 2003) about infection, prevention, caring for PLHA, and reducing discrimination.
- Is financial lending an activity that has been continued for club members? What are the results of this activity (is the principal reserved and increased? Are the members' living conditions improved? Are other permanent activities (visits to families, meetings, etc.) supported?)?
- Can the 80 women who were trained as caregivers by the project utilise their capacity (transfer knowledge and support caring in the community)? Does the club

mobilise any other financial resources to carry out more training activities for women?

- What is the involvement of the women's (wives, mothers, sisters) communication with support and care for HIV/AIDS positive people and their families? How can they improve their involvement (e.g., further training)? Do males take part in communication, care giving and reducing discrimination against PLHA? What should be done to promote the involvement of both males and females in this regard?
- Have the trained chair people of the clubs utilise their capacity in leading and chairing the clubs? Do they continue providing support to caregivers?
- Has the clubs' model of operation been transferred in the community? (E.g., has there been establishment and development of other groups/associations to help PLHA?).
- Are the resources that were supplied by the project used? What additional resources do the clubs supply for home-based caring that weren't supplied by the project? How were these new resources purchased?

3. Assess other project impacts

- Apart from CARE's support, what are the current resources (human, finance) required to carry out the clubs' activities. Focus on the period from 2003 to present.
- How did the resources develop the club's activities? Please assess the difference in terms of results and impact between these projects and the CARE project.

4. Coordination with other units and organisations

- Which clubs activities were coordinated with other organisations? What are the difficulties and advantages of coordinating activities?

5. Future direction and support needs

- In future, how does your club plan to coordinate with other units and organisations in improving HIV/AIDS prevention activities?
- What support does your club need to maximise the work of HIV/AIDS prevention at workplace and PLHA? (E.g., human resources, facilities, communication means, accessibility to companies?)
- For successful work in HIV/AIDS prevention, what specific policies do you think are necessary

INTERVIEWING GUIDE FOR COMPANY LEADERS

Objective:

- To assess the suitability of the designed and implemented activities to the current conditions;
- To evaluate the sustainability of the implemented activities;
- To evaluate the current policy and activities to prevent HIV/AIDS in the workplace;
- To make recommendations for future policy development.

Duration: 60 minutes

Core questions

Are those activities designed and implemented by the project remaining suitable to the company's current conditions? What policies and measures are implemented by the company to prevent HIV/AIDS at the workplace? What is the future direction of these policies?

Specific questions

1. Assess the sustainable activities

- What CARE project activities are still being implemented in the workplace? Why? Where do the funds for these activities come from? Are these activities remaining suitable to the company's current conditions? Why?
- Does the company receive support from other projects besides CARE? Which projects? Which activities do these projects fund? What are the differences between activities funded by CARE and those funded by other projects? Please give specific examples.

2. Level of knowledge and attitudes about HIV/AIDS by companies' leaders

- How do you evaluate the current situation of HIV/AIDS at your company and the major causes of that situation? How does it affect the organisation's business?
- What is your own opinion of the current development of the HIV/AIDS epidemic and number of HIV-positive people?

3. Evaluation of workers' knowledge of HIV/AIDS prevention

- What are the current knowledge, attitudes and behaviour of the employees regarding HIV/AIDS prevention at workplace? (E.g., Knowledge of infection and prevention; attitude towards HIV prevention and testing; attitude towards PLHA at the workplace).

4. Evaluation of the work of the trained Peer Educators

- Do the company's Communicators continue activities of information, education and communication (IEC) at the workplace? What is the number and quality of those activities? How do they maximise their capacity of IEC at the workplace? (E.g.,

level of knowledge, training, and education for workers in the company). What are strengths and weaknesses of the Communicators?

5. Evaluation of the role played by the Labour Union and Youth Union in confronting HIV/AIDS in the workplace

- What roles do the Labour Union, Youth Union and Healthcare Unit play in confronting HIV/AIDS in the workplace? What specific activities have they conducted? What are the strengths and weaknesses of those activities?

6. Evaluation of policy for confronting HIV/AIDS in the workplace

- How does the company develop and implement policies of confronting HIV/AIDS in workplace?

- Please name the specific activities conducted by the company to prevent HIV/AIDS in workplace (E.g., set up a network of communicators; organised training sessions to disseminate knowledge; encouraged the use of services [condoms, HIV consultation and testing, testing and treatment], coordinate with other units and departments to provide information and services).

- Who conducted these activities? Which units are involved? Where are the resources mobilised from (human resource, financial resource, facilities)?

- Which activities are conducted by the company in order to reduce discrimination towards HIV-positive labourers? What commitments to the HIV-positive labourers does the company fulfil (E.g., equality in job assignment; personal confidentiality; accessibility to information; regulations on testing and submitting results; provision of care and supports).

- Has the company ever provided the labourers with free condoms?

- How did the company apply the knowledge provided by the project in formulating, implementing and directing the policies of confronting HIV/AIDS in the workplace?

- Is the company continuing to implement an annual plan of HIV/AIDS prevention in the workplace?

7. Asses the personal opinion of the company leaders in confronting HIV/AIDS in the workplace and HIV-positive employees

- Do you think it is advisable to require HIV testing for new recruits and to conduct periodical testing for all employees? Why?

- If HIV-positive cases are discovered in periodical tests, what is your opinion and what policy will the company set on these cases (will the company keep the information confidential; will the company sack the employee, with they transfer or retain them; will the company support them in psychological consultation and medical treatment?).

8. Asses future direction of company policies

- What is the future direction of the policies of confronting HIV/AIDS in the workplace? (E.g., resource mobilisation (human, financial resources); supports from the General Confederation of Labourers, VCCI, Vinacoal and the AIDS prevention committee?).
- Will the company provide free condoms and information in the workplace?
- What specific supports does the company need to develop successful policy in preventing HIV/AIDS? (E.g., continuous training of communicators; support in communication resources – leaflets, flyers, communication documents; support for care and treatment).
- What specific policies should be implemented to prevent HIV in the community in general and in the workplace? (E.g., encourage communication of knowledge and prevention; reduce discrimination; create employment and care for PLHA: keep personal information confidential).

INTERVIEWING GUIDE FOR LEADERS OF THE COMMITTEE FOR HIV/AIDS PREVENTION

Objective:

- To evaluate the suitability of the designed and implemented activities presenting the current situation.
- To identify the project's impact on the policy formulation of the Committee in terms of HIV/AIDS in the workplace, the Committee's coordination with companies in this regard, and the Committee's direction in future in regard to this issue.

Duration: 60 minutes

Core questions

Are those activities designed and implemented remaining suitable to the current conditions at Quang Ninh Province? Why? Which activities are continued, which are not? Why? What policies and strategies are formulated by the Committee to prevent HIV/AIDS in the workplace? How are these policies implemented? What is the future direction of these policies?

Specific questions

1. Assess individual opinion on the HIV/AIDS epidemic and its development

- How do you evaluate the current situation of HIV/AIDS at Quang Ninh province and companies? What are the main causes of such a situation?
- What is your own opinion on the development of this epidemic and on the HIV-positive people at workplace?
- What policies, strategies and measures has the Committee implemented to confront HIV/AIDS in workplace since 2003?

2. Evaluation of project sustainability

- What activities were designed by CARE to support the Committee for AIDS prevention? (list activities). Which activities have been continued since the end of the project? Which have not? Why?
- Where does the fund for the continued activities come from?
- Does the Committee receive support from other projects besides CARE? Which projects? Which activities do these projects fund? What are the differences between the project funded by CARE and those funded by other projects? Why?

3. Evaluation of knowledge of the employees at the Committee for HIV/AIDS prevention, companies, and clubs

- What is the level of knowledge of the trained employees at PAC and DAC, and at companies and clubs?

- What were the employees of PAC and DAC, employees of companies, and managerial staff of the clubs trained about (specific contents, types of training, time of training, organisers)?
- How did they exercise their capacity in formulating and planning projects of confronting with HIV/AIDS at workplace?
- What activities have PAC and DAC designed to coordinate with the company beneficiaries in developing and implementing policies to confront HIV/AIDS in the workplace (E.g., set up a network of communicators; organised training to improve knowledge; encouraged the use of services [condoms, HIV consultation and testing, treatment of illness]; coordinated with other units and departments to provide information and services)? Which activity has been the most sustainable? Which activity has not met expectation?
- In which organisations other than the companies associated with CARE's project, have PAC and DAC supported to in develop and implement policies of confronting HIV/AIDS in the workplace? Where have the funds come from for this work?

4. Assess viewpoints of the Committee for AIDS prevention on reducing discrimination of PLHA.

- Do you think it is good to test new recruits for HIV and have periodical tests for employees? Why?
- If HIV-positive cases are discovered in periodical tests, what is your opinion and what policy will the company set on these cases? (E.g., will the company keep the information confidential; will the company sack the employee; will the employee be transferred or retained; will the company support them in psychological consultation and medical treatment?).

5. Future need and direction

- What is PAC's and DAC's direction in coordinating with companies to develop and implement policies of confronting with HIV/AIDS at workplace? (E.g., Develop the existing activities; keep looking for multilateral and bilateral funds to support these activities; intensify consultation; test and treat HIV and STDs; distribute condoms; mobilise participation of Labour Union, Youth Union and health care units in communication activities; organise regular training and workshop for communicators and health staff).

- What does the Committee for HIV/AIDS prevention need in terms of supports to successfully direct and monitor activities of HIV/AIDS prevention in workplace in the future? (E.g., human resources, facilities; communication means; access to companies).

- What other policies are necessary to prevent HIV/AIDS in the community in general and in the workplace more specifically? (E.g., HIV/AIDS prevention; care and support; AIDS care and support; opposing discrimination of PLHA).

GUIDE FOR FOCUS GROUP DISCUSSION AND IN-DEPTH INTERVIEW WITH COMPANY EMPLOYEES

Objective:

- To establish knowledge, attitude and behaviour of employees in preventing HIV/AIDS in the workplace;
- To establish the activities that have been and are currently being run in the company
- To establish the needs for further education and services of HIV/AIDS prevention in the future

Duration of in-depth interview: 60 minutes

Duration of group discussion: 90 minutes

Core questions

What is the level of employees' knowledge, attitude and behaviour of HIV/AIDS and STDs in the workplace? What communication and services have been and are being conducted in the companies? What are the needs for communication and services in the future?

Specific questions

1. Assess knowledge, attitude and practice of HIV/AIDS prevention in the workplace

- How do you evaluate the real situation of HIV/AIDS at workplace? What are the major causes? Is the situation affecting the company's business and the employees' life?
- Do you know about HIV/AIDS transmission and prevention? Please specify the methods of infection, and methods of prevention. In your opinion, how many percent of employees have correct knowledge these issues? Why?
- Do you know where to go to be counselled and tested for HIV? Please give some specific locations.
- From which sources did you receive information about ways of infection, methods of prevention, and counselling and testing of HIV?
- What activities has the company conducted to communicate about HIV/AIDS prevention at workplace? Please name the activities. Do you think those activities are necessary and helpful? Which of these activities do you like best? Why?
- Who conducted these activities? Which organisations? Where do the funds come from?
- Do you know the Communicators at your company? Have you received any information and services of HIV/AIDS prevention from them? What kinds of information and services were they? How do you evaluate their activities? Please explain why you come up with such a conclusion.

2. Assess opinion of PLHA

- Do you know any HIV positive people in your company? How are they treated? Are you in agreement with such treatment? Why?
- In your own opinion, how should HIV-positive people be treated? (E.g., keep their information confidential, oppose discrimination, help them in life and work, transfer to another position or sack?) Why?
- Do you think there should be a HIV test for new recruits and a periodical test for all employees? Why?
- How should the employee be treated if he/she was identified as HIV positive through the periodical test? Why?

3. Asses needs for information and services related to HIV/AIDS

- Do you think that it is necessary to provide more information and services of HIV/AIDS prevention at workplace? What kinds of information and services should be provided? What type of information and services provision is the most suitable to you?
- What kind of support do you expect from the company leaders and related organisations so that you and other employees in the company can find more information and services of HIV/AIDS prevention?

GUIDE FOR FOCUS GROUP DISCUSSION AND IN-DEPTH INTERVIEW WITH COMPANY COMMUNICATORS

Objective:

- To evaluate Communicators knowledge, attitude and behaviour of HIV/AIDS prevention in the workplace;
- To evaluate the application of education gained from CARE
- To establish the needs for further education and services of HIV/AIDS prevention in the future

Duration of in-depth interview: 60 minutes;

Duration of group discussion: 90 minutes

Core question

What are employees' knowledge, attitude and behaviour of HIV/AIDS and STDs in the workplace like? What activities of communication and service provision have been and are being conducted at the company? What is the need for training or services in the future?

Specific questions

1. Assess knowledge, attitude and practice of HIV/AIDS prevention in the workplace

- How do you evaluate the real situation of HIV/AIDS at workplace? What are the major causes? Is the situation affecting the company's business and the employees' life?
- Do you know about HIV/AIDS transmission and prevention? Please specify the methods of infection, and methods of prevention. In your opinion, how many percent of employees have correct knowledge these issues? Why?

2. Evaluation activities to confront HIV/AIDS in the workplace

Company's activities

- Since 2004, what activities has the company communicated and what have they done to reduce HIV/AIDS in workplace? Please give names of the activities. Do you think these activities were necessary and helpful?
- Who conducted these activities? Who coordinated them? Where did the funds come from?
- Do you know any employees who are HIV positive in your company? How are they treated? Are you in agreement with such treatment? Why?
- Do you know any current policies of the company to confront HIV/AIDS in the workplace? (E.g., voluntary periodical testing; communication of infection and prevention; supply of free condoms; job policies for PLHA; care and support).

Communicator's activities

- Which activities of supplying information and services of confronting with HIV/AIDS at workplace have you participated in? What was your position (participant or main communicator; how often?) Why?
- Have you participated in activities of disseminating knowledge of prevention or care for employees in the company since 2003? If yes, what are the forms of communication (direct, small group?). Have other Communicators in your company provided communication activities after 2003? Why?
- Do you receive any financial benefit from the company when participating in communication activities at workplace? Is the financial benefit worth your work?

3. Assess opinion of confronting HIV/AIDS in the workplace

- Do you think there should be a HIV test for new recruits and a periodical test for all employees? Why?
- Do you think it is necessary to provide more information and services of HIV/AIDS prevention in the workplace? What kinds of information and services are in need? Which type of providing information and services is the most suitable to you?

4. Evaluation of quality of training received from CARE

- What training courses did you receive from the CARE project? What was the content of these courses? Was the method of training suitable?
- Have you been involved in any training courses since 2003? If yes, who were the organisers of the training? Do you know who provided the funds?
- Which training course do you prefer when comparing the content and method of training provided by CARE project and those by other projects? Why? (E.g., content, method of training, allowance provided).

5. Training needs in future

- Are you willing to work as a Communicator in the future? Why?
- Do you think you have enough knowledge of preventing HIV, caring for PLHA and reducing discrimination of PLHA? If not, which part of knowledge do you think is the weakest among Communicators of your company?
- Do you think you need more training to make the activities of supplying information and services at workplace more successful? What training is needed? (E.g., knowledge and communication skills.). What methods of training are most suitable?
- What kind of support do you expect from the company's leaders and related organisations, so that you and other employees in the company can find more information and services of HIV/AIDS prevention?

List of activities funded by CARE from 2000-2003 and Activities conducted after 2003

Activities during the CARE Project	Duration	CARE activities continued after 2003	Activities implemented after 2003 from other projects
Activities 1			

Activities 2			

APPENDIX 3

Detail on Methodology

The quantitative analysis included 2 types of variables: analysis of single variables and analysis of multiple variables.

Analysis of single variables:

Using single clustering and dual clustering tables, the analysis allowed an evaluation of the current status of knowledge, attitude and practice about HIV/AIDS of employees.

Analysis of multiple variables:

Evaluation of the project's impact was complicated as there was interference between various programs and projects on prevention and care for PLHA. Therefore, it is almost impossible to identify exactly the impact of one project or another on the change in knowledge, attitudes and practices in relation to HIV/AIDS in the workplace and in the community. In order to evaluate the impact of this project, the consultants used a method of aggregated variable linear regression. The variables were entered into the following equation:

a. Depending variable: Score for general knowledge of HIV/AIDS

In order to evaluate the general knowledge of HIV/AIDS of employees, a method of scoring was used. Specifically, each correct answer was given 1 mark and an incorrect answer was given 0 marks. The following questions in the toolkit were used to measure knowledge of HIV:

Question 203: What is HIV/AIDS? If the answer included the name of 1 type of virus – 1 mark. Other options got 0 marks.

Question 204a: Sexually Transmitted Diseases (STDs) increase possibility of HIV acquisition. The correct answer gets 1 mark.

Question 204b: HIV/AIDS makes STD acquisition more serious. The correct answer gets 1 mark.

Question 205: What are the ways of HIV/AIDS infection? A respondent can get 7 marks if circling all the correct options and not circling all the wrong options.

Question 206: How many stages are there in HIV/AIDS development? The correct answer gets 1 mark.

Question 207: Which stage is called threshold? The correct answer gets 1 mark.

Question 208: Can HIV be detected through normal blood testing? The correct answer gets 1 mark.

Question 209: What are the symptoms of AIDS? The correct answer gets 6 marks.

Question 210: Can a HIV-positive person at the threshold stage transmit it to others? Is it possible that a healthy-looking person is HIV positive? The correct answer gets 2 marks.

Question 211: Ways to prevent HIV/AIDS infection? A respondent can get 11 marks if circling all the correct options and not circling all the wrong options.

Question 215: Is it possible to be positive if having intercourse with an acquaintance without using condom and with a stranger without using condom? The correct answer gets 2 marks.

The maximum total score received is 35, while the minimum is 0.

b. Independent variables

There were 2 types of independent variables:

Continuous variables: such as education level and age.

Discrete variables: to be entered into the equation of linear regression, the discrete variables were encoded into binary variables (those with only 2 values: 1 means the expected value exists and 0 means the expected value doesn't exist). The discrete variables being entered into the equation include:

1. *The group of variables related with the demographic characteristics of the targets:* they consist of the following variables:

- Gender: includes 2 binary variables, namely male and female. The male variable is valued as 1, if the target is a male, and as 0 if the target is not. The second variable is female, which is valued as 1 if the target is a female and as 0 if the target is not.

- Marital status: Similarly, marital status is also designed into 3 variables (not married, Married/living with spouse and widow/divorced/separated)

- Occupation: Similarly, this variable is designed into 2 variables (office staff and workers)

- Participation in socio-political organisations: this is designed into 2 variables (participate and not participate in socio-political organisations)

2. *The group of variables related to accessibility to information about HIV/AIDS:* This group includes:

Variable 1. Have received information about HIV/AIDS from the company (i.e. benefited from the project "Confronting with HIV/AIDS in the workplace"). This variable is developed on the basis of question 303 in the toolkit for employees. If the respondent's answer confirms the receipt of information from one of the following sources in the workplace, his answer will be encoded as 1. If no receipt of information is acknowledged from any of such sources, the answer will be encoded as 0.

- Meeting on HIV/AIDS prevention
- Small group communication
- Workshop
- Notice board
- Announcement of the company's policy
- In-company broadcasting

- Posters and leaflets in the workplace
- Contests on HIV/AIDS
- Booklet "Confronting with HIV/AIDS for employees"
- Art performance in the companies

Variable 2. No receipt of information about HIV/AIDS at workplace. If the respondent does not receive any information from the sources within the company, his answer will be encoded as 1 and otherwise as 0.

Variable 3. Access to information via the sources outside of the company. If the respondent confirms the receipt of information from any of the sources outside the company mentioned in question 304 of the toolkit for employees, his answer will be encoded as 1 and otherwise as 0.

Variable 4. No receipt of information from the sources outside the company. If the respondent has not receive any information from sources outside the company as shown in question 304 in the toolkit for employees.

3. The group of variables related to discussing HIV information with others : This group include the following variables:

Variable 1. Discussing with others in the company. This variable is encoded as 1 if the respondent has discussed HIV with the company's health workers or communicators, or with a representative of the labour union, youth union or direct supervisor. The variable is encoded as 0 if they have not discussed with any of the above mentioned people.

Variable 2. Not discussing with people in the company. This variable is encoded as 1 if the respondent hasn't discussed HIV with anyone in the company and as 0 if the respondent has discussed with any among those listed in the variable 1 of group 3.

Variable 3. Discussing with outsiders. This variable is encoded as 1 if the respondent has discussed HIV with any friend or family member, and as 0 if having had no such discussions.

Variable 4. Not discussing with outsiders. This variable is encoded as 1 if the respondent has not discussed with any outsiders and as 0 if they have had such discussions with any outsider as listed in variable 2 of group 3.

APPENDIX 4

The list of activities designed in the period 2000-2003 still continue to be implemented after 2004

Company	Name of activity Designed	Implemented till the end of 2003	Implemented after 2004
1. Cao Son Coal Company	- Training communicators at provincial level - Conferences on orienting management	1 trainer at provincial level	Not implemented
	Training communicators	25 trained communicators	1 is still doing communicating activities
2. Cua Ong Coal Company	Training communicators at provincial level	01 person	
	Organising orienting conferences	30 people	
	Training communicators	48 people	40 people
	Communicating in small groups		Communicating and mobilising not to use drug
	Communicating through local radio speakers		Youth Union, in response to Anti-HIV/AIDS Day, communicated in streets
	CARE sponsored 450.000 booklets "What labourers should know about HIV/AIDS", videos, 470 posters, 30.000 condoms		No longer done
	Investing in buying clean injection needles and syringes		No longer done

3. Ha Lam Coal Company	Training communicators at provincial level	1 person	
	Training communicators	30 people	Currently 25-26 people
	Organising communication in small groups inside the company		Continuing to communicate in groups at working site at the beginning of the shift
	Company's radio		Communicating through the company's radio
	Putting condoms in bathrooms		Putting condoms in bathrooms
			Inviting the Province's Centre for HIV/AIDS Control to communicate about HIV/AIDS prevention in meetings of Labour Union or Youth Union
4. Thong Nhat Coal Company	Training communicators at provincial level	01 person	
	Organising orienting conferences for the company's leaders	41 officers	
	Appointing officers to join training course on writing articles for radio	1	
	Training 20 volunteers	20 people	Leaders do not know the exact number of volunteers at the moment
	Communicating at the beginning of the working shift on the company's radio		Communicating on the company's radio about causes, consequences of HIV and how to prevent it

	Communicating in small groups		
	Issuing the booklet "What labourer should know about HIV/AIDS",	1893 booklets	
			Organising competition on HIV knowledge with 2450 papers
			Delivering 1893 leaflets
			In 2006, 3 panel groups were drawn to communicate about preventing drug, prostitution, and HIV/AIDS
5. Quang Ninh Garment Company	Training communicators at provincial level	2 trainers	Have moved to other companies
	Training communicators	39 people	Currently 15 people
	Communicating in small groups		No longer done
	Communicating through the company's radio, leaflets, panels, posters		Communicating through the company's radio, leaflets, panels, posters of SmartWork project
	Communicating in meetings		Combining with 8/3 or 1/12 ceremonies to communicate many issues including HIV/AIDS
6. Deo Nai Coal Company	Organising orienting conferences for the company's staff and foremen		
	Training company's communicators	23 people	20 are currently working in the company

	Communicating in working site, through videos and pictures		
7. Ha Tu Coal Company	Organising orienting conferences for the company's staff and foremen		Make annual plans on HIV/AIDS prevention
	Establishing Board of HIV/AIDS Prevention		
	Improving and popularising policies on HIV/AIDS prevention		Improving and popularising policies on HIV/AIDS prevention
	Training company's communicators	35 people	Updating knowledge for communicators (at the moment 35 people)
	Communicating in small groups		Communicating in small groups
	Communicating through company's radio		Communicating through company's radio
	Joining competition on HIV/AIDS understanding		Joining competition on HIV/AIDS understanding
	Holding meetings to commemorate HIV/AIDS Prevention Day		Holding meetings to commemorate HIV/AIDS Prevention Day
	Providing free condoms		Providing free condoms
8. Hon Gai Coal Company	Establishing steering committee and Board of HIV/AIDS Prevention		
	Training communicators at provincial level	01	

	Training communicators	25 people	Leaders do not know the exact number of volunteers at the moment
	Communicating about HIV/AIDS in small groups, delivering leaflets, organising conferences		Delivering leaflets, organising conferences
	Popularising company's policies on HIV/AIDS prevention		
	Providing condoms		Providing condoms
9. Uong Bi Coal Company	Organising orienting conferences		
	Constructing regulations to manage and prevent drug, prostitution and HIV/AIDS		
	Training communicators	80 people	
	Communicating in small groups		
	Sticking panels, posters, and bulletin boards		
	Company's radio, library, meetings between working shifts, ceremonies, preliminary sum-up meeting		Company's radio, library, meetings between working shifts, ceremonies, preliminary sum-up meeting
	Providing condoms	30000 condoms	Providing condoms

	Providing material		Providing material: the company has bought the magazine "AIDS and community" 120 magazines/month until the end of 12/2006
	Commit to say "No" to drug		
	Organising competition to understand drug, prostitution and HIV/AIDS prevention ordinance		
	Organising a tour to Thailand		Looking for funds for HIV/AIDS prevention activities
10. Transportation Company	Establishing steering committee for HIV/AIDS prevention		Activities no longer exist
	Training communicators at provincial level		
	Training communicators		
	Communicating about HIV/AIDS in small groups, delivering leaflets, organising conferences		
	Popularising company's policies on HIV/AIDS prevention		
	Providing condoms		