

NO.

SOCIALIST REPUBLIC OF VIET NAM

SPECIAL ASSISTANCE FOR
PROJECT IMPLEMENTATION FOR
HIV/AIDS/STIs PREVENTION AND CONTROL
IN LARGE-SCALE INFRASTRUCTURE
ODA PROJECTS IN
THE SOCIALIST REPUBLIC OF VIET NAM

FINAL REPORT

JANUARY 2012

JAPAN INTERNATIONAL COOPERATION AGENCY (JICA)

JAPAN SOFT TECH CONSULTANTS

SAP
JR
12-007

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List of Abbreviations

ADB	-	Asian Development Bank
AIDS	-	Acquired Immunodeficiency Syndrome
ART	-	Antiretroviral Treatment
BCC	-	Behavior Change Communication
CARE	-	Cooperative for Assistance and Relief Everywhere
CCIHHP	-	Consultations of Investment in Health Promotion
CDC	-	Center for Disease Control, USA
CDECC	-	Center for Development of Community and Children
CEPHAD	-	Center for Public Health and Development
DFID	-	Department for International Development
FHI	-	Family Health International
GFATM	-	Global Fund for AIDS, Tuberculosis, and Malaria
GOV	-	Government of Vietnam
HCMC	-	Ho Chi Minh City
HIV	-	Human Immunodeficiency Virus
IBBS	-	Integrated Biological and Behavioral Survey
IDU	-	Injecting Drug User
IEC	-	Information, Education, and Communication
ILO	-	International Labor Organization
INGO	-	International Non-Governmental Organization
IOM	-	International Organization for Migration
ISDS	-	Institute for Social Development Studies
JBIC	-	Japan Bank for International Cooperation
JFPR	-	Japan Fund for Poverty Reduction
JICA	-	Japan International Cooperation Agency
KAP	-	Knowledge, Attitudes, and Practice
KfW	-	Kreditanstalt für Wiederaufbau
MDM	-	Medicine du Monde
MOC	-	Ministry of Construction
MOH	-	Ministry of Health
MOLISA	-	Ministry of Labor, Invalids and Social Affairs
MOT	-	Ministry of Transport
MOU	-	Memorandum of Understanding
MSI	-	Marie Stops International
MSM	-	Men who have sex with men
NAC	-	National AIDS Committee
NCADP	-	National Committee for AIDS, Drugs, and Prostitution Prevention and Control
NGO	-	Non-Governmental Organization
NORAD	-	Norwegian Agency for Development Cooperation
ODA	-	Official Development Assistance
PAC	-	Provincial AIDS Committee
PEPFAR	-	President's Emergency Fund for AIDS Relief, USA
PHD	-	Provincial Health Department
PLHIV	-	People Living with or affected by HIV and AIDS
PLWHA	-	People Living with HIV and AIDS
PMTCT	-	Preventing Mother-To-Child Transmission
PMU	-	Project Management Unit
PSI	-	Population Services International
RPMU	-	Railway Projects Management Unit

SHAPC	-	STDs/HIV/AIDS Prevention Center
SIDA	-	Swedish International Development Agency
STI	-	Sexually Transmitted Infection
TRACOHE	-	Transport Center for Occupational Health and Environment
UCCI	-	Urban – Civil Works Construction Investment Management Authority
UNAIDS	-	Joint United Nations Program on HIV/AIDS
UNGASS	-	United Nations General Assembly Special Session
UNICEF	-	United Nations Children’s Fund
USAID	-	United States Agency for International Development
VAAC	-	Vietnam Administration of HIV/AIDS Control
VCT	-	Voluntary Counseling and Testing
VINAFPA	-	Vietnam Family Planning Association
VND	-	Vietnamese Dong
WHO	-	World Health Organization

Chapter 1 - Introduction

1-1. Outline of the Study

Japan International Cooperation Agency (JICA) engaged Japan Soft Tech Consultants (JUST Consultants) to conduct a Special Assistance for Project Implementation (SAPI) for HIV/AIDS/STIs Prevention and Control in Large-Scale Infrastructure Official Development Assistance (ODA) Projects in Vietnam. The overall goal of the Study is to prepare a Draft Standard Package for HIV/AIDS/STIs Prevention and Control in Large-Scale Infrastructure ODA Projects in Vietnam (hereinafter referred as the Draft Standard Package). The specific objectives of the Study are:

- (1) Situation Analysis for HIV/AIDS/STIs Prevention and Control in Vietnam;
- (2) Preparation of the Draft Standard Package;
- (3) Support and monitor HIV/AIDS/STIs Prevention and Control activities of Service Providers of JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam; and
- (4) Promotion of understanding and awareness for the importance of HIV/AIDS/STIs Prevention and Control of the relevant government agencies/organizations and relevant stakeholders of the JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam.

The following are the Terms of Reference of the Study:

- (1) Situation Analysis for HIV/AIDS/STIs Prevention and Control in Vietnam.
 - 1-1. Identification of National Strategies, Policies, Laws, and Regulations for the HIV/AIDS Prevention and Control in Vietnam.
 - 1-2. Understanding of problems and implementation process for HIV/AIDS/STIs Prevention and Control activities in JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam.
 - 1-3. Understanding of problems and implementation process for HIV/AIDS/STIs Prevention and Control activities in Large-Scale Infrastructure Projects in Vietnam.
 - 1-4. Understanding of situation for HIV/AIDS/STIs Prevention and Control activities in Vietnam and consideration for the possibilities of relationships with the Government of Vietnam (GOV), International Development Partners, and Non-Governmental Organizations (NGOs) in Vietnam.
 - 1-5. Analysis of Relevant Key Stakeholders of HIV/AIDS/STIs Prevention and Control in Vietnam.
 - 1-6. Consideration for the solutions of challenges, issues or problems for HIV/AIDS/STIs Prevention and Control in Vietnam in light of results obtained in analysis of 1-1 to 1-5.
- (2) Preparation of the Draft Standard Package.
 - 2-1. Consideration for the possibilities of use of several kinds of available tools for HIV/AIDS/STIs Prevention and Control in the infrastructure sector for the preparation of the Draft Standard Package.
 - 2-2. Preparation of the Draft Standard Package including:
 - a. Overall Goal and Specific Objectives, Target Groups and Beneficiaries, and Interventions.
 - b. Implementation System including Roles and Responsibilities of the

Relevant Key Stakeholders, Implementation Guidelines and Manual for the Service Provider, and Terms of Reference of the Service Provider.

- c. Monitoring and Evaluation and Reporting Systems.
 - d. Cost Norms and Estimation and Possible Financing Schemes.
- (3) Support and monitor HIV/AIDS/STIs Prevention and Control activities of Service Providers of JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam.
- 3-1. Support and monitor HIV/AIDS/STIs Prevention and Control activities of Service Providers of JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam including:
- a. Explanation of the Draft Standard Package to the relevant personnel of the Executing Agencies and Service Providers of JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam.
 - b. Provision of instruction, advice, and suggestions and monitoring of activities of the Service Providers of JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam.
 - c. Understanding of challenges, issues or problems and provision of solutions to Service Providers of JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam.
 - d. Obtain lessons learned from the HIV/AIDS/STIs Prevention and Control activities in JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam.
 - e. Revision of the Draft Standard Package in light of lessons learned from the HIV/AIDS/STIs Prevention and Control activities in JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam.
- (4) Promote understanding and awareness for the importance of HIV/AIDS/STIs Prevention and Control of the relevant government agencies/organizations and relevant stakeholders of the JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam.
- 4-1. Explanation of the Draft Standard Package to the relevant personnel of JICA Vietnam Office.
- 4-2. Organization of Workshops in Hanoi and Ho Chi Minh City (HCMC) for the promotion of understanding and awareness for the importance of HIV/AIDS/STIs Prevention and Control of the relevant government agencies/organizations and relevant stakeholders of the JICA-Assisted Large-Scale Infrastructure ODA Projects.
- 4-3. Recommendations for the improvement of HIV/AIDS/STIs Prevention and Control in JICA-Assisted Large-Scale Infrastructure ODA Projects.

1-2. Study Team and Schedule of the Study

Study Team is composed of Dr. Khan M. Zaman as the Team Leader/HIV/AIDS/STIs Prevention and Control Expert and Dr. Dao Huy Dap as the Deputy Team Leader/Health Education Expert.

Following is the schedule for the Field Work of the Study:

First Field Work (1 August to 14 September 2011, 45 Days)

Second Field Work (9 October to 7 November 2011, 30 Days)

Third Field Visit (22 November to 30 November 2011, 9 Days)

Please refer to Appendix 1 for Field Work Schedule.

1-3. Methodology of the Study

The Study is conducted mainly based on the literature survey and consultations with the relevant key stakeholders.

Literature Survey

There are several tools available for HIV/AIDS/STIs Prevention and Control in infrastructure sector. The available tools were collected and analyzed for the preparation of the Draft Standard Package.

Consultations with the Relevant Key Stakeholders

Following relevant key stakeholders are identified for consultations for the preparation of the Draft Standard Package:

Relevant Stakeholders of JICA-Assisted Large-Scale Infrastructure ODA Projects

- Executing Agency (Project Management Unit (PMU) No. 2, MOT) and Service Provider (TRACOHE, MOT) of New National Highway No. 3 and Regional Road Network Construction Project
- Executing Agency (PMU Thang Long, MOT) and Service Provider (Center for Development of Community and Children (CDECC)) of Hanoi City Ring Road No. 3 Construction Project
- Executing Agency (PMU No. 85, MOT) and Service Provider (TRACOHE, MOT) of Nhat Tan Bridge Construction Project (II)
- Executing Agency (Railway Projects Management Unit (RPMU), Vietnam Railways, MOT) and Service Provider (Vietnam Family Planning Association (VINAFFPA)) of Hanoi City Urban Railway Construction Project (Line 1)
- Executing Agency (PMU No. 85, MOT) and Service Provider (TRACOHE, MOT) of Cai Mep – Thi Vai International Port Construction Project
- Executing Agency (Urban – Civil Works Construction Investment Management Authority (UCCI), Peoples Committee of HCMC) of Second Ho Chi Minh City Water Environment Improvement Project (II)¹

Relevant Government Agencies/Organizations

- Transport Center for Occupation Health and Environment (TRACOHE), Bureau of Transportation Health, Ministry of Transport (MOT)
- Railway Health Center, MOT
- Construction Hospital, Ministry of Construction (MOC)

¹ Service Provider for the Second Ho Chi Minh City Water Environment Improvement Project (II) is not yet employed.

- Department for Social Evils Prevention, Ministry of Labor, Invalids, and Social Affairs (MOLISA)
- Vietnam Administration of HIV/AIDS Control (VAAC), Ministry of Health (MOH)
- Hanoi HIV/AIDS Preventive Center
- AIDS Committee HCMC

Mass Organizations

- Hanoi Women Union
- Hanoi Youth Union

International Development Partners

- Asian Development Bank (ADB)
- International Labor Organization (ILO)
- International Organization for Migration (IOM)
- Joint United Nations Program on HIV/AIDS (UNAIDS)
- World Bank

International NGOs (INGOs)

- Cooperative for Assistance and Relief Everywhere (CARE) Vietnam
- DKT Vietnam
- Family Health International (FHI) 360 Vietnam

Local NGOs

- Consultations of Investment in Health Promotion (CCIHP)
- CEDECC
- Center for Public Health and Development (CEPHAD)
- Institute for Social Development Studies (ISDS)
- VINAFFPA

People Living or Affected by HIV and AIDS (PLHIV) Groups in Hanoi

- Bright Future Group
- Milk Flower Group
- Green Dream Group

PLHIV Groups in HCMC

- The Aspiration Group
- The Rising Group
- The Smiling Group

The questionnaire for the Key Informant Interviews are prepared and sent to the relevant key stakeholders requesting them to provide detailed answers, if possible, before interviews. Please refer to Appendix 2a for Questionnaire for Key Informant Interviews with the Relevant Government Agencies/Organizations, Appendix 2b for Questionnaire for Key Informant Interviews with the Executing Agencies of JICA-Assisted Large-Scale Infrastructure ODA Projects, Appendix 2c for Questionnaire for Key Informant Interviews with Service Providers of JICA-Assisted Large-Scale Infrastructure ODA Projects, and Appendix 2d for Questionnaire for Key Informant Interviews with International Development Partners/NGOs/Mass Organizations/PLHIV Groups.

Meetings with identified relevant key stakeholders are held to: (1) explain the overall goal and specific objectives of the Study; (2) obtain strategies, policies, laws, and regulations for HIV/AIDS/STIs Prevention and Control in Vietnam; (3) discuss their past, present, and future HIV/AIDS/STIs Prevention and Control activities, especially in infrastructure sector in Vietnam; (4) discuss their challenges, issues or problems in implementing HIV/AIDS/STIs Prevention and Control activities in infrastructure sector and their solution methods; (5) discuss their interest to involve in HIV/AIDS/STIs Prevention and Control activities in JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam; (6) discuss their possible roles and responsibilities in HIV/AIDS/STIs Prevention and Control activities in JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam; (7) discuss their willingness to provide their Information, Education, and Communication (IEC)/Behavior Change Communication (BCC) materials for use in JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam; (8) discuss their willingness to participate and deliver presentation in Workshop; and (9) obtain their opinions, views, suggestion, and recommendations as to what would be suitable activities for the Draft Standard Package.

Most relevant key stakeholders demonstrated a keen interest in the Study and provided their opinions, views, suggestions, and valuable recommendations in order to design the Draft Standard Package. Most relevant key stakeholders also agreed to provide their IEC/BCC materials at free of cost or at reprinting costs for use in HIV/AIDS/STIs Prevention and Control activities in JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam as well as to participate and deliver presentation in the Workshops hold at Hanoi and HCMC.

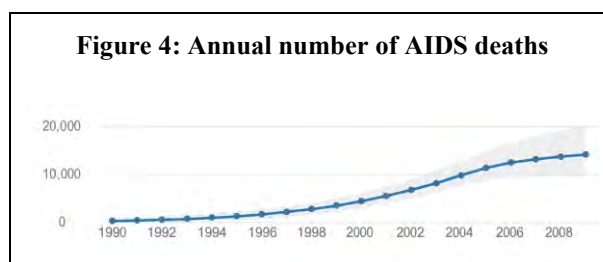
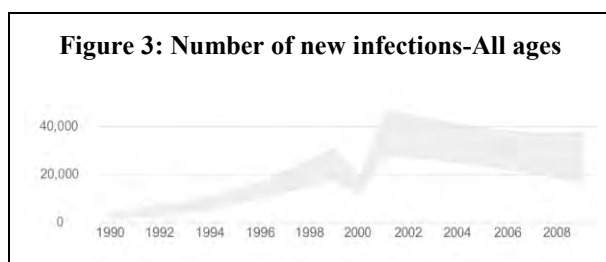
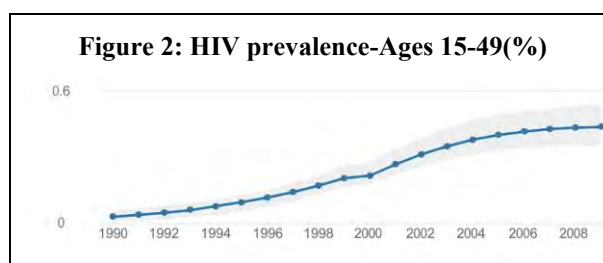
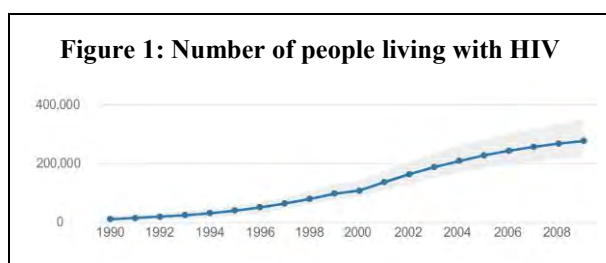
Please refer to Appendix 3 for the Contact Information of Relevant Key Stakeholders including name, position, agency/organization, address, telephone number, mobile telephone number, fax number, email, and website.

Chapter 2 - General Situation for HIV/AIDS Prevention and Control in Vietnam

2-1. Current HIV/AIDS Situation in Vietnam

The introduction of “Doi Moi” Strategy by the GOV in 1986 improved the economic and health conditions of the people of Vietnam. However, the spread of HIV infection is continuously increasing since the first official case of HIV was reported in HCMC in December 1990. By 2005, the epidemic had spread to all provinces and most cities, with 93% of districts and 50% of communes having HIV positive people.² There are a number of “hot spots”, including Can Tho, Dien Bien, Hai Phong, Hanoi, HCMC, Quang Ninh, and Son La provinces.

According to the statistics of the VAAC³, the HIV positive people have increased from approximately 160,000 (0.3% prevalence) in 2001 to 290,000 (0.5% prevalence) in 2007. According to the 2009 UNAIDS/World Health Organization (WHO) Epidemiological Fact Sheet on HIV and AIDS for Vietnam⁴, the Number of people living with HIV, HIV prevalence-Ages 15-49(%), Number of new infections-All ages, and Annual number of AIDS deaths from 1990 to 2009 are in the following Figures 1 to 4.



Source: 2009 UNAIDS/WHO Epidemiological Fact Sheet on HIV and AIDS for Vietnam

MOH reported that men within the age range of 20-39 account for 85% of all HIV cases in Vietnam.⁵ The high-risk groups are sex workers / entertainment workers and their clients, IDUs, MSM, migrant workers, prisoners, etc. Among them, the sex workers and IDUs are the main high-risk groups and 60% of sex workers are IDUs. The main reason of high HIV infection rate among sex workers is unsafe sex (without condom) and among IDUs is unsafe injection (sharing non-sterile needles).

The Fourth Country Report on Following up the Implementation to the Declaration of Commitment on HIV and AIDS: Reporting Period January 2008 – December 2009 prepared

² United States Agency for International Development (USAID) and Family Health International (FHI) 360. March 2005. HIV/AIDS Estimates and Projections 2005 – 2010. Hanoi.

³ <http://www.vaac.gov.vn/Desktop.aspx/HomeEN>

⁴ http://92.52.112.217/downloadpdf.htm?country_id=ASIVNM&lng_code=en&pdfoption=epi

⁵ Ministry of Health (MOH). January 2005. HIV/AIDS Understanding and Reflection: Toolkit for Journalists and AIDS Communication Officers. Hanoi.

by the NCADP in June 2010 stated that MOLISA estimates that in 2009 there were about 150,000 people nationwide using drugs (83% of which injected drugs) and 24,500 to 29,300 women engaged in sex work.⁶ However, these figures probably underestimate the actual size of the key populations at higher risk. According to 2007-2012 Estimates and Projections, the true sizes of these populations are more likely to be: 273,579 IDUs, 87,177 female sex workers, 2,878,601 clients of sex workers and 481,631 MSM.⁷ These upper estimates (known as „high scenario“) are based on several assumptions for each of the key populations at higher risk.

According to sentinel surveillance, there is an indication that HIV prevalence among IDUs increased during the period 1996-2002 but thereafter decreased in numbers of provinces, dropping from 29% in 2002 to 18.4% in 2009 (aggregated numbers). The highest HIV prevalence among IDUs in 2009 was found in HCMC (55.1%), Can Tho (41%), Dien Bien (43%), Thai Nguyen (34%), Quang Ninh (29%), Gia Lai (33%), and Binh Duong (32.4%).⁸ Integrated Biological and Behavioral Survey (IBBS) 2009 shows the prevalence in this target group as high as 29.5% with greater variation from 1% (Danang) to 56% (Quang Ninh).

In another positive development, the proportion of IDUs who reported using sterile injecting equipment that last time they injected reached the high level of 98% in Quang Ninh (rang: 87% - 98%) (United Nations General Assembly Special Session (UNGASS) indicator No. 20, based on IBBS 2009 data in 10 provinces). A survey conducted in 2009 by the HIV Prevention Project in Vietnam funded by the World Bank in Son La and Vinh Long Provinces reported that as many as 74.5% and 87% of IDUs, respectively, had consistently used sterile injecting needles/syringes in the last month.⁹ However, IBBS 2009 data suggest that a relatively proportion of IDUs (51.9%: ranges from 26% to 94%) reported using a condom at their last sexual intercourse (UNGASS indicator No. 21, based on IBBS 2009 data from 10 provinces). A similar result was found by a 2008 World Bank Project survey in nine provinces/cities.

Sentinel surveillance found that HIV prevalence among female sex workers in the 40 surveyed provinces decreased from 5.9% in 2002 to 3.2% in 2009 (aggregated numbers). Like in the IDU population, prevalence in some provinces/cities was still high: i.e. Can Tho (19%), Hai Phong (8.5%), Thai Nguyen (7.7%), and Hanoi (6%).¹⁰ IBBS 2009 data also found that HIV prevalence among female sex workers in 10 provinces was 8.5% varying from 0.3% (in Danang) to 23% (among street-based sex workers in Hai Phong).

The Fourth NCADP Country Report further stated that HIV epidemic may have begun to stabilize, as reflected by stable trends in HIV prevalence among IDUs and sex workers in many places while in other places, these trends are increasing such in the northwest (Dien Bien and Son La). HIV prevalence among other sentinel groups, such as male military recruits and pregnant women, is low and also shows signs of stabilizing. According to Vietnam HIV/AIDS Estimates and Projections 2007-2012, adult HIV prevalence (aged 15-49) was 0.43% in 2009. MOH estimates that adult HIV prevalence (aged 15-49) will be 0.44% by 2010 and, if intervention programs are sustained and scaled up, will only rise marginally to 0.47% in 2012.

⁶ Ministry of Labor, Invalids, and Social Affairs (MOLISA). 2010. Report on detoxification, rehabilitation and anti-prostitution in 2009 and key missions for 2010. Hanoi.

⁷ MOH. 2009. Estimates and Projections of HIV/AIDS in Vietnam 2007-2012. Hanoi.

⁸ Vietnam Administration of HIV/AIDS Control (VAAV). 2009. Sentinel Surveillance Survey 2009: community-based samples. Hanoi.

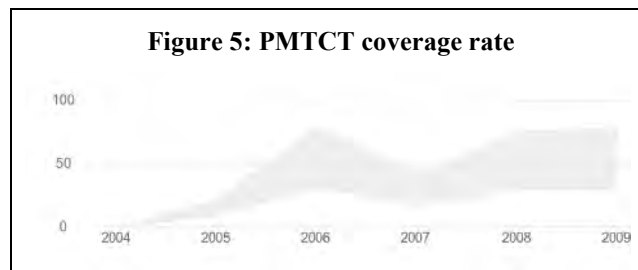
⁹ Ibid.

¹⁰ Ibid.

The achievements that reflect Vietnam’s efforts and illustrate its commitments during the 2008-2009 reporting period include: (1) increased political commitment and leadership, which have resulted in positive changes in the response; (2) improved collaboration between ministries to ensure a stronger multisectoral response and improve service delivery, as shown by the rapid increase in the number of people accessing HIV prevention, care, and support services; (3) an increased focus on prevention, which resulted in the expansion of harm reduction programs, especially the Needle and Syringe Program (NSP) and National Pilot Methadone Maintenance Therapy (MMT) Program for Drug Users; (4) rapid expansion of the Antiretroviral Therapy (ART) Program; and (5) greater and more meaningful participation of civil society in the national response.

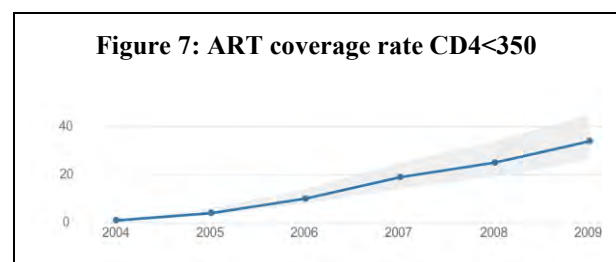
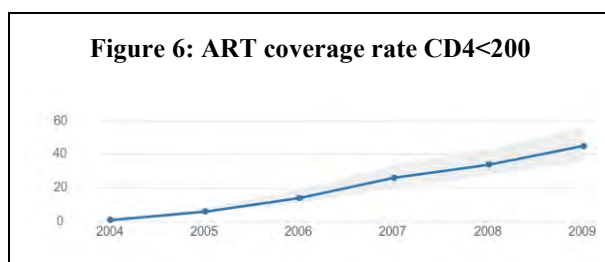
According to VAAC, the HIV positive women have increased from approximately 37,000 in 2001 to 76,000 in 2007. There are several reasons for a high rate of HIV infection among women and girls. Among these are their low literacy rate; lack of income opportunities; lack of legal and human rights protection; low access to health services; low access to health information, particularly HIV/AIDS/STIs related information; low access to VCT of HIV/STIs services; low access to care, support, and treatment of AIDS/STIs; and low decision-making power in household affairs. For cultural and social reasons, women cannot negotiate safe sex (e.g., condom use) with their partners. Low social status of women ensures lack of attention to their health problems, including HIV/STIs and their lower access to timely testing and treatment.

According to the 2009 UNAIDS/WHO Epidemiological Fact Sheet on HIV and AIDS for Vietnam, the PMTCT coverage rate from 2004 to 2009 is in the following Figure 5.



Source: 2009 UNAIDS/WHO Epidemiological Fact Sheet on HIV and AIDS for Vietnam

Recently, due to better access to ART, the number of deaths due to AIDS is decreasing in the world. The ART coverage is increasing in Vietnam, however, it is not at a satisfactorily level. According to the 2009 UNAIDS/WHO Epidemiological Fact Sheet on HIV and AIDS for Vietnam, the ART coverage rate (CD4<200 and CD4<350) from 2004 to 2009 are in the following Figures 6 and 7.



Source: 2009 UNAIDS/WHO Epidemiological Fact Sheet on HIV and AIDS for Vietnam

Currently, VCT of HIV/STIs and support, care, and treatment of AIDS/STIs in Vietnam are not at a satisfactorily level. The main reasons, among others, are: (1) bias and discrimination toward PLHIV and their families; (2) lack of VCT of HIV/STIs and support, care, and

treatment of AIDS/STIs facilities; (3) lack of medical staff at VCT of HIV/STIs and support, care, and treatment of AIDS/STIs facilities; (4) low level of knowledge and experience of medical staff at VCT of HIV/STIs and support, care, and treatment of AIDS/STIs facilities; and (5) lack of financial resources. The GOV has prepared several strategies, policies, laws, and regulations in order to lower the spread of HIV infection. However, these strategies, policies, laws, and regulations should be implemented efficiently and effectively.

2-2. Government Policies for HIV/AIDS Prevention and Control in Vietnam

After the first official case of HIV reported in HCMC in 1990, the GOV defined HIV as one of the “social evils”¹¹ linked to IDUs and sex workers and started imprisoning the IDUs and sex workers, but soon recognized the need for a multisectoral response and the mobilization of society for HIV/AIDS Prevention and Control. In August 1988, the MOH developed a Short-Term Plan (1989-90) and Medium-Term Plan (1991-1993) on HIV/AIDS. In 1990, the GOV established the National AIDS Committee (NAC) for the smooth implementation of HIV/AIDS Prevention and Control Plans. In August 1993, the NAC developed the Second Medium-Term Plan and a National Strategic Plan for Prevention and Control of HIV/AIDS (1994-2000), and Directions for Work on HIV/AIDS Prevention and Control (2001-2005).

In March 2004, the GOV finalized the National Strategy on HIV/AIDS Prevention and Control in Vietnam till 2010 with a Vision to 2020. The strategy recognizes that implementation must be multisectoral and involve a range of ministries, mass media, political leaders, sociopolitical organizations, and international development partners. Please refer to Appendix 4 for information regarding Overall Objective, Specific Objectives, Priorities, Action Programs, and Difficulties and Challenges of the National Strategy on HIV/AIDS Prevention and Control in Vietnam till 2010 with a Vision to 2020.

In June 2006, the National Assembly passed the Law on HIV/AIDS Prevention and Control No. 64/2006/QH11 that provides legal grounds for harm reduction interventions for IDUs and condom promotion for sex workers. The Law, which has six chapters and 50 articles, lays the foundation for effective implementation of HIV/AIDS Prevention and Control through education; prevention of infection from drug use, prostitution and blood infusion; and increasing surveillance and treatment. The Law on HIV/AIDS Prevention and Control is an upgrade of the Ordinance on HIV/AIDS Prevention and Control, which was passed by the National Assembly in 1996. The Law on HIV/AIDS Prevention and Control had been supplemented to ensure the rights of PLHIV at workplaces, prevent social stigma and discrimination, and develop measures to reduce HIV infection among high-risk groups.

In June 2007, the GOV issued Decree No. 108/2007/ND-CP Detailing the Implementation of a Number of Articles of the Law on HIV/AIDS Prevention and Control. The Decree, which has six chapters and 22 articles, provides in detail the implementation of Clause 2 of Article 21, Clause 2 of Article 23, Clause 3 of Article 28, Clause 4 of Article 39, and Clause 5 of Article 41 of the Law on HIV/AIDS Prevention and Control.

¹¹ Government efforts to eradicate “social evils” (a range of activities considered harmful to social order, including crime, gambling, drug use, and prostitution) are based on Decree No. 87/CP dated 12 December 1995. The decree empowers the local police and Department for Social Evils Prevention of Ministry of Labor, Invalids, and Social Affairs (MOLISA) to check, inspect, fine, and imprisons those involved in prostitution and drug use.

2-3. Government, Donors, NGOs Response for HIV/AIDS Prevention and Control in Vietnam

(1) Government Response

The United Nations considers HIV/AIDS as a universal problem emphasizing that no government can alone respond to the challenges HIV/AIDS poses. During the Millennium Conference in 2000 the United Nations developed the Millennium Development Goal (MDG) 6, Target 6.A, which aims “to have halted and begun to reverse the spread of HIV/AIDS by 2015”. The GOV is trying its best to achieve this goal and recognized the need for a multisectoral approach involving a wide range of partners ranging from multilateral and bilateral donors to international and national NGOs to combat the rapid spread of the infection.

The GOV has recognized the following necessary actions:

1. Provide strong and high-profile leadership.
2. Eliminate the confusion between HIV/AIDS and social evils.
3. Strong and clear legislations.
4. Clear roles and responsibilities of different ministries and better coordination.
5. Provide appropriate funding to all ministries according to their roles and responsibilities.
6. Strong recognition that HIV/AIDS will affect the development of the nation.
7. Engage all society in the fight against HIV/AIDS.
8. Equip the health sector to cope with HIV/AIDS.

On 25 April 2004, during the “Paris Declaration on AID Effectiveness”, the UNAIDS developed the “Three Ones” Principles. The “Three Ones” Principles are:

- One agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners;
- One National AIDS Coordinating Authority, with a broad-based multisectoral mandate; and
- One agreed country-level Monitoring and Evaluation System.

The GOV has prepared the “National Strategy on HIV/AIDS Prevention and Control in Vietnam till 2010 with a Vision to 2020” as one agreed HIV/AIDS Framework in March 2004; established the “NCADP” and “VAAC” as its secretariat as one national AIDS coordinating authority in May 2005; and prepared “National Monitoring and Evaluation Framework for HIV Prevention and Control Programs” as one agreed country-level monitoring and evaluation system in January 2007.

Institutions Established for HIV/AIDS Prevention and Control in Vietnam

Although the first case of HIV was not uncovered in Vietnam until 1990 in HCMC, the GOV began organizing a response to HIV starting with the establishment of the Sub-Committee for AIDS Prevention and Control under the Committee for Prevention and Control of Communicable Diseases in 1987. Currently, the response to HIV/AIDS is being lead by the VAAC established under the MOH in May 2005.

Please refer to Appendix 5 for Information on Institutions Established for HIV/AIDS Prevention and Control in Vietnam and Appendix 6 for information on Some Important Institutions for HIV/AIDS Prevention and Control in Vietnam.

Government Legislations for HIV/AIDS Prevention and Control

The GOV has developed a wide range of legal documents dealing with HIV/AIDS Prevention and Control. Based on the application of these documents by government agencies/organizations at all levels (national, regional, provincial, district, and commune), with the active participation of sociopolitical organizations and NGOs, a multisectoral response has resulted, mobilizing the community's participation in responding to HIV/AIDS Prevention and Control.

The NCADP Fourth Country Report stated that although rapid developments in the legal and policy environment provided Vietnam with a powerful framework, it also created a number of overlapping policy and regulatory documents. In particular, inconsistencies remain between public security measures to control drug use and sex work and public health measures trying to reach the populations engaged in these activities. For example:

- There are still inconsistencies regarding support for harm reduction interventions between the Law on HIV/AIDS Prevention and Control and Decree 108/2007/ND-CP and the 2003 Ordinance on Prostitution Prevention and Control. Under the Ordinance, anyone selling sex is subject to administrative detention in 05 Centers¹². In 2009, MOLISA led a consultative review of the implementation of the Ordinance with the participation of civil society, including female sex workers. A new framework is expected to be drafted to resolve this inconsistency.
- While the Law on Drugs Prevention and Control No. 16/2008/QH12 has been amended to decriminalize drug use, under the Ordinance on Administrative Violations, drug use still remains an administrative violation with users subject to administrative detention for up to two years. This Ordinance remains a barrier to the provision of effective HIV services.
- While the amendment of the Law on Drugs Prevention and Control improves its overall consistency with the Law on HIV/AIDS Prevention and Control, contradictions remain. Under Decree No. 94, which guides the implementation of the Law on Drugs Prevention and Control, drug users are subject to an additional period of „post-detoxification management“ for between one and two years. This is after completing compulsory detoxification in 06 Centers for a period of up to two years. Because detainees have limited access to HIV services, including treatment, this is a barrier to IDUs accessing HIV prevention, treatment, care, and support services.

Decision 96/2007/QD-TTg of the Prime Minister covers the provision of HIV prevention, treatment, and care services in correctional settings, including prisons and 05/06 Centers. However, interventions have only been implemented in a few institutions on a short-term pilot basis and prevention and treatment services are still very limited.

Despite strong and powerful laws and regulations, the implementation of and compliance with them is limited by a lack of awareness and understanding on the part of rights holders and duty bearers, as well as by weak or nonexistence mechanisms to enforce adherence. For example, there have been several high profile cases recently of children living with and affected by HIV being denied schooling. Efforts have been made to make legal support services available, including legal aid systems for HIV casework and private sector law firms

¹² Under the Ordinance on Administrative Violation 04/2008/PL-UBTVQH12, drug use and sex work are administrative violations and result in detention for up to two years in Centers managed by the MOLISA. These Centers are referred as 05 for female sex workers and 06 for drug users.

providing free or reduced-cost legal services to PLHIV. In addition, programs have been developed to raise PLHIV’s awareness about their rights. To date, five legal aid clinics and one hotline have been established. However the clinics require further capacity strengthening, especially as stigma and discrimination remains a significant barrier to accessing HIV prevention, treatment, care, and support services.

In terms of financial assistance, the implementation of Decree 67/2007/ND-CP provides AIDS orphans with monthly financial support that can be used to cover some of their basic expenses. However, several implementation problems, including the weak capacity of local social welfare agencies, low awareness of the Decree, limited monitoring of its implementation and stigma and discrimination prevent those in need accessing the support have limited the Decree’s positive impact.

While there are no policies that explicitly encourage women’s access to HIV prevention, treatment, care, and support interventions. A specific policy is needed to address and prioritize women’s access to HIV prevention, treatment, care, and support interventions – particularly female sex workers, who often inject drugs. Already marginalized IDUs and female sex workers living with HIV face double stigma and have difficulties in accessing alternative employment, education, and social support services.

Lastly, although under Article 14 of the Law on HIV/AIDS Prevention and Control employers are responsible for HIV Prevention and Control in the workplace, the current taxation policy does not provide tax exemptions for business enterprises funding HIV-related activities, although this is likely to change soon.

Please refer to Appendix 7 for information regarding Government Legislations for HIV/AIDS Prevention and Control in Vietnam.

Government Financial Response for HIV/AIDS Prevention and Control

The annual government budget for HIV/AIDS Prevention and Control projects/program is in the following Table 1.

Table 1: Government Annual Budget for HIV/AIDS Prevention and Control Projects/Programs

2001²	2003²	2004²	2005²	2005¹	2006¹	2007¹
US\$ 4.8M	US\$ 4.4M	US\$ 5.6M	US\$ 5.6M	US\$ 19.42M	US\$ 12.75M	US\$ 9.4M

Source: 1. UNAIDS Vietnam, United Nations General Assembly Special Session (UNGASS) Country Report, 2008

2. UNAIDS Report on the Global AIDS Epidemic, 2006

Source: VAAC Website

(2) Donors Response

Donors have responded to HIV/AIDS Prevention and Control since the early days of epidemic in Vietnam. The ADB, Australian Agency for International Development (AusAID), Canadian International Development Agency (CIDA), Center for Disease Control (CDC), Department for International Development (DFID), Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), European Community (EC), European Union (EU), ILO, IOM, JICA, Kreditanstalt für Wiederaufbau (KfW), Norwegian Agency for Development Cooperation (NORAD), Swedish International Development Agency (SIDA), United Nations

Development Program (UNDP), United Nations Fund for Population (UNFPA), UNICEF, United States Agency for International Development (USAID), WHO, and World Bank are implementing several HIV/AIDS/STIs Prevention and Control activities in Vietnam for various target groups. Donors' annual budget for HIV/AIDS Prevention and Control projects/programs in Vietnam is in the following Table 2.

Table 2: Donors' Annual Budget for HIV/AIDS Prevention and Control Projects/Programs

Donor	2004	2005	2006	2007	2008	After 2008	Focus Areas
United States President's Emergency Fund for AIDS Relief (PEPFAR)	US\$ 18M	US\$ 26M	US\$ 33M	US\$ 65M	US\$ 88.9M	US\$ 89M (2009) Will level off at approximately US\$ 88M per year	<ul style="list-style-type: none"> • Prevention • Care • Treatment
Global Fund for AIDS, Tuberculosis, and Malaria (GFATM)			US\$ 2M	US\$ 2.2M	US\$ 3M	Up to US\$ 24,036,141 to 2012	<ul style="list-style-type: none"> • Prevention • Care • Treatment
SIDA			US\$ 965,000	US\$ 950,000	US\$ 420,000	Not Available	<ul style="list-style-type: none"> • Capacity Building
ADB	US\$ 1M (JFPR)	US\$ 0.75M	US\$ 0.5M	US\$ 2.5M	US\$ 6.2M	US\$ 16.3M	<ul style="list-style-type: none"> • Capacity Building
DFID				US\$ 3.2M	US\$ 4.55M	US\$ 37M to 2012	<ul style="list-style-type: none"> • Prevention
World Bank			US\$ 3M	US\$ 5M	US\$ 6M	(Joint funding DFID/World Bank)	

Source: UNAIDS Vietnam Website

(3) NGOs Response

International NGOs Response

A large number of International NGOs (INGOs) are active in HIV/AIDS/STIs Prevention and Control activities in Vietnam including CARE International, DKT International, FHI 360, Medicine du Monde (MDM), Marie Stopes International (MSI), Program for Appropriate Technology in Health (PATH) International, PLAN International, Save the Children Fund (SCF UK), Save the Children Fund (SC US), and World Vision. Activities of some of these INGOs are described below.

CARE International of United States of America (USA) worked in Vietnam from 1954 to 1975 providing mainly food relief and medical and education assistance. CARE International returned to Vietnam in 1989 and since then is working with Vietnamese partners in all provinces of the country and implementing numerous projects in a number of areas including rural development, community development, social development, gender development, education, health, and HIV/AIDS/STIs Prevention and Control. CARE Vietnam is working on a wide range of HIV/AIDS/STIs Prevention and Control activities including IEC/BCC campaigns; peer education; distribution and promotion of condom use; VCT of HIV and counseling, testing, and treatment of STIs; support, care, and treatment for PLHIV, capacity building of relevant agencies/organizations; and research, studies, and training. CARE

Vietnam has formed alliances with governmental agencies/organizations and mass organizations at national, regional, provincial, district, and commune levels. CARE Vietnam in association with CARE Japan is also engaged in JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam.

DKT International of USA started working in Vietnam in 1993 with social marketing of condoms. DKT Vietnam's "OK" and "Super Trust" brand condoms and "New Choice" oral contraceptives are available almost everywhere in Vietnam. DKT Vietnam has set up a unique public-private distribution network by partnering with provincial AIDS authorities who act as an important bridge between DKT Vietnam and non-traditional outlets such as bars, karaoke bars, massage parlors, guest houses, nightclubs, restaurants, and hotels. Through the use of mass media advertising and targeted IEC and promotional activities, DKT Vietnam has established "OK" and "Super Trust" as two of the dominant brands in the Vietnamese condom market. Since 1998, DKT Vietnam has been implementing the "100% Condom Access" project with support from FHI 360 and USAID under the IMPACT Project. With financial support from ADB, DFID, KfW, UNAIDS, WHO, and MOH, DKT Vietnam is also implementing the "100% Condom Use and Condom Social Marketing Program" in all provinces in Vietnam.

FHI 360 of USA began working in Vietnam in 1997 at the request of GOV to assess the level of HIV/AIDS epidemic, the measures of GOV in handling the epidemic, donors' response to the epidemic, private sector involvement to control the epidemic, etc. Initial activities focused on assessments of high-risk behaviors among IDUs and sex workers; availability and quality of STIs management; private sector involvement in HIV/AIDS Prevention and Control; support for condom social marketing; and capacity building of government agencies/organizations at the national, regional, provincial, district, and commune levels for HIV/AIDS Prevention and Control programs. Since 1997, FHI 360 has undertaken extensive social research and evaluation studies; conducted Integrated Behavioral Surveillance Survey (IBSS) with MOH for various target populations such as IDUs, sex workers, mobile population (including construction workers) and male population in general; estimation and projection of HIV/AIDS; harm reduction programs including needle exchange programs; rehabilitation activities in OI/O6 centers; VCT of HIV to high-risk groups; STIs skills training for pharmacists and private physicians; and a variety of IEC/BCC programs for a range of target groups. FHI 360 is conducting workplace-based peer education targeting motorbike and taxi drivers, barbers, and shoeshine boys.

MSI of USA began its involvement in Vietnam in 1989. MSI Vietnam works in close collaboration with the MOH to provide quality family planning and sexual and reproductive health services in provinces and the cities of Hanoi and HCMC through its network of centers. MSI Vietnam has established several centers throughout Vietnam providing a wide range of family planning and sexual and reproductive health services. MSI Vietnam is delivering confidential, youth-friendly sexual and reproductive health services, IEC/BCC campaigns and counseling through the establishment of two youth centers in Hanoi and Hue. These centers are the first of their kind in Vietnam.

Local NGOs Response

Several local NGOs are active in HIV/AIDS/STIs Prevention and Control activities in Vietnam. These include CDECC; CEPHAD; CCIHP; ISDS; and VINAFFPA. Activities of some of these local NGOs are described below.

CDECC was established in 2005 by the Vietnam Union of Science and Technology Associations (VUSTA) with a primary focus on Health, HIV/AIDS/STIs Prevention and Control, Gender Development, and Environment Protection. CDECC conducts studies, research, and training; IEC/BCC campaigns; counseling for HIV/STIs; workplace interventions; support and care of PLHIV; and advocacy and capacity building of relevant HIV/AIDS agencies/organizations. CDECC is implementing HIV/AIDS/STIs Prevention and Control activities in several JICA-assisted large-scale infrastructure official development assistance (ODA) projects in Vietnam.

CEHPAD was established in 1995 with a focus on health, HIV/AIDS/STIs Prevention and Control, rural development, community development, social development, and gender development. CEHPAD conducts HIV/AIDS/STIs Prevention and Control activities including HIV/STIs prevention education campaigns, workplace peer education, distribution and promotion of condom use, counseling of HIV/STIs, and support and care of PLHIV. CEHPAD is creating a favorable environment for establishing a comprehensive home-based care model for PLHIV by strengthening support networks for PLHIV, health workers, caregivers, family members and establishing “friends-help-friends” groups and a “PLHIV Family Club”. CEHPAD has worked with factory workers in delivering HIV/STIs prevention information.

CCIHIP was established in 1999 with a focus on health, community development, and social development. Areas of expertise include research, training and program design and management. CCIHP is conducting research and studies on HIV/AIDS/STIs, carrying out training, and providing online counseling for adolescents and young adults on HIV/AIDS/STIs and reproductive health.

ISDS is working under the Vietnam Union of Science and Technology Associations (VUSTA). Their main activities are research, training, and consultancy on the country's key social issues. The areas of activities are gender and sexuality, health, and social development. ISDS is conducting research studies on HIV/AIDS/STIs, providing training and consultancy, and publishing materials on different topics of HIV/AIDS/STIs Prevention and Control. ISDS is conducting workshops for private companies providing HIV/STIs prevention knowledge to their workers.

VINFPA was established on 11 January 1993 under a decision of the Prime Minister. It is a member of the International Planned Parenthood Federation (IPPF) and the Vietnam Fatherland Front. The specializations are reproductive health, family planning, and HIV/AIDS/STIs Prevention and Control. The association has branches in 49 provinces and cities nationwide with more than 150,000 members. The association has a network of community-based distributors providing information, counseling, and social marketing of contraceptives to households in communities including in remote areas and ethnic minority areas. 21 Reproductive Health/Family Planning Centers (Clinics) in 20 provinces and cities are providing counseling and quality services to hundred of thousands of people every year at the clinics and by mobile teams. The association has developed numerous clubs including Adolescent/Youth Reproductive Health Club, HIV/AIDS Prevention Voluntary Youth Club, People with HIV Club, HIV Prevention Club of Sex Workers (Restaurant and Hotel Receptionists), and For the Advancement of Women Club. VINFPA is implementing HIV/AIDS/STIs Prevention and Control activities in several JICA-assisted large-scale infrastructure ODA projects in Vietnam.

Please refer to Appendix 8 for Government, Donors, and NGOs HIV/AIDS/STIs Prevention and Control Activities in Vietnam.

2-4. JICA Response for HIV/AIDS Prevention and Control in Vietnam

It is now well documented that mobility and migration play a major role in the spread of HIV. When large numbers of workers migrate in search of work, leaving their families behind, many engage in high-risk behaviors. Several factors place migrant workers at risk of HIV. Migrant workers often are young men, with little education, little social support due to their relocation, and usually feel lonely in a new environment. They have disposable income and thus purchasing power for sex as well as alcohol and drugs. They often visit “entertainment establishments” such as bars, karaoke bars, massage parlors, guest houses, and nightclubs, thus exposing themselves to the increased opportunity for high-risk behaviors. Construction workers comprise one of the key mobile groups who are considered to be both at risk of HIV and an important link in the spread of HIV. As construction workers mix with people living in the surrounding communities of construction sites of large-scale infrastructure projects there is an increased risk that HIV will spread to the surrounding communities. As some of the construction workers, sex workers / entertainment workers or members of the surrounding communities may be HIV positive, the interaction between construction workers, sex workers / entertainment workers, and multiple sex partners from the surrounding communities will lead to the transmission of HIV from the construction workers to members of the surrounding communities and vice versa. Moreover, when the construction workers return to their home they serve as a link in spreading HIV into their home communities.

Infrastructure projects such as development of transport facilities (roads, tunnels, bridges, highways, railroads, seaports, and airports) increase mobility of the community not only within local community, but between regions and countries. Increased population movement leads to several positive benefits to the surrounding communities including economical and industrial growth. However, increased mobility also brought negative social effects such as increasing the spread of HIV/STIs, drug use, child labor abuse, and human trafficking to the surrounding communities.

International development agencies are now including HIV/AIDS/STIs Prevention and Control activities not only for the construction workers but also for members of the surrounding communities of large-scale infrastructure projects. In August 2006 at the XVI World AIDS Conference in Toronto, the Japan Bank for International Cooperation (JBIC) joined ADB, African Development Bank, DFID, KfW, and the World Bank to sign a Joint Initiative to mitigate the spread of HIV and AIDS in infrastructure sector. The Joint Initiative “recognizes the urgency for action in the infrastructure sector to tackle the global HIV and AIDS crisis.” It identifies tangible ways for these agencies to strengthen cooperation to increase the scale, scope, and effectiveness of measures to prevent the spread of HIV in relation to infrastructure development in developing countries.

In 2001, JBIC first time implemented HIV/AIDS/STIs Prevention and Control activities in Sihanouk Ville Port Construction Project in Cambodia. In 2008, after the establishment of New JICA by merging with JICA, JICA is implementing HIV/AIDS/STIs Prevention and Control activities in most of large-scale infrastructure ODA projects (especially in transport, irrigation, water supply and sanitation, and power sectors) in developing countries in accordance to the Joint Initiative of 6 international development agencies. The main conditions for the implementation of HIV/AIDS/STIs Prevention and Control activities in JICA-Assisted Large-Scale Infrastructure ODA Projects are in the following Table 3.

Table 3: Main Conditions for the Implementation of HIV/AIDS/STIs Prevention and Control Activities in JICA-Assisted Large-Scale Infrastructure ODA Projects

Number of Construction Workers involved in the Project:	More than 300
Amount of Project:	More than 5 Billion yen
Duration of Project:	More than half year

Source: JICA. Draft Implementation Guidelines for HIV/AIDS Prevention and Control in Large-Scale Infrastructure ODA Projects. Tokyo.

JICA is emphasizing on implementation of HIV prevention in countries with national HIV prevalence more than 0.1%. National HIV prevalence in Vietnam is at 0.5% and, therefore, JICA is including HIV prevention activities in most of large-scale infrastructure ODA projects. Some of the Past JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam in which JICA Implemented HIV/AIDS/STIs Prevention and Control Activities are in the following Table 4.

Table 4: Some of the Past JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam in which JICA Implemented HIV/AIDS/STIs Prevention and Control Activities

Project Name	Executing Agency	Loan Agreement Signed Date	Outlines
Can Tho Bridge Construction Project	Ministry of Transport (MOT)	March 2001	Construction of a bridge on Hau River connecting Can Tho City in Can Tho province to Binh Minh District in Vinh Long province
Omon Thermal Power Plant and Mekong Delta Transmission Network Project	Electricity of Vietnam (EVN)	March 2001	Construction of a thermal power plant generating 300 megawatts located on Mekong River 18 kilometers from Can Tho City
Red River Bridge (Thanh Tri Bridge) Construction Project	MOT	March 2001	Construction of a bridge on Red River which runs through Hanoi and connecting approach roads to National Highway No. 1 and No. 5
Red River Bridge Construction Project (IV)	MOT	March 2006	Construction of approximately 3.1km bridge on Red River which runs through Hanoi and connecting approach roads to National Highway No. 1 and No. 5

Source: JICA Website

Some of the Ongoing JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam in which JICA is Implementing HIV/AIDS/STIs Prevention and Control Activities are in the following Table 5.

Table 5: Some of the Ongoing JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam in which JICA is Implementing HIV/AIDS/STIs Prevention and Control Activities

Project Name	Executing Agency	Loan Agreement Signed Date	Outlines
New National Highway No. 3 and Regional Road Network Construction Project	MOT	March 2005	Construction of New National Highway No. 3 and Regional Road Network (Hanoi – Thai Nguyen)
Cai Mep – Thi Vai International Port Construction Project	MOT	March 2005	Construction of container and general cargo terminals and relevant facilities at Cai Mep – Thi Vai areas in southern Vietnam (Ba Ria-Vung Tau Province)
Hanoi City Ring Road No. 3 Construction Project	MOT	March 2008	Construction of a road in the section of the Hanoi City Ring Road No. 3 between its intersection with Highway No. 32 and the north of Linh Dam Lake
Hanoi City Urban Railway Construction Project (Line 1)	Vietnam Railways, MOT	March 2008	Construction of the urban railway from Gia Lam and Giap Bat Railway Stations (approximately 11km) and around Ngoc Hoi Railway Station (approximately 4km), through Hanoi Railway Station
Nhat Tan Bridge Construction Project (II)	MOT	January 2011	Construction of a bridge on Red River and approach roads crossing the Hanoi City

Source: JICA Website

Chapter 3 - Support and Monitoring of HIV/AIDS/STIs Prevention and Control Activities of Service Providers of ODA Projects

3-1. Brief Outline of ODA Projects for Support and Monitoring of HIV/AIDS/STIs Prevention and Control Activities

Brief outline of JICA-Assisted Large-Scale Infrastructure ODA Projects for the support and monitoring of HIV/AIDS/STIs Prevention and Control activities are in the following Table 6.

Table 6: Brief Outline of JICA-Assisted Large-Scale Infrastructure ODA Projects for the Support and Monitoring of HIV/AIDS/STIs Prevention and Control Activities

Project Name	Executing Agency	Loan Agreement Signed Date	Outlines
New National Highway No. 3 and Regional Road Network Construction Project	MOT	March 2005	Construction of New National Highway No. 3 and Regional Road Network (Hanoi – Thai Nguyen)
Hanoi City Ring Road No. 3 Construction Project	MOT	March 2008	Construction of a road in the section of the Hanoi City Ring Road No. 3 between its intersection with Highway No. 32 and the north of Linh Dam Lake
Nhat Tan Bridge Construction Project (II)	MOT	January 2011	Construction of a bridge on Red River and approach roads crossing the Hanoi City
Cai Mep – Thi Vai International Port Construction Project	MOT	March 2005	Construction of container and general cargo terminals and relevant facilities at Cai Mep – Thi Vai areas in southern Vietnam (Ba Ria-Vung Tau Province)

3-2. Brief Outlines and Organization Structure for HIV/AIDS/STIs Prevention and Control Activities in ODA Projects

(1) New National Highway No. 3 and Regional Road Network Construction Project

Brief Outlines for HIV/AIDS/STIs Prevention and Control Activities

TRACOHE in partnership with Hanoi HIV/AIDS Preventive Center, Central Hospital on Dermatology, and Central Transportation Hospital is implementing HIV/AIDS/STIs Prevention and Control activities in New National Highway No. 3 and Regional Road Network Construction Project. Please refer to Appendix 9a for information on TRACOHE.

The Brief Outlines for HIV/AIDS/STIs Prevention and Control activities are in the following Table 7.

Table 7: Brief Outlines for HIV/AIDS/STIs Prevention and Control Activities in New National Highway No. 3 and Regional Road Network Construction Project

Duration	August 2011 – December 2013 (6 Months/Year)
Target Groups	<ul style="list-style-type: none"> • Construction Workers (1,256) • Managers of Contractor, Subcontractors, and Project Implementation Consultant • Health Workers of Health Offices at the Construction Sites and relevant health facilities in the surrounding communities • Relevant Personnel of Local HIV/AIDS/STIs Prevention and Control Agencies/Organizations • Members of the Surrounding Communities including High-Risk Groups
Budget	VND 2,959,763,000

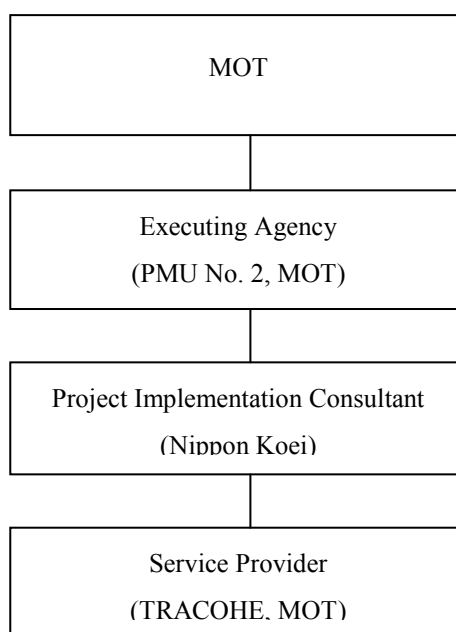
Source: TRACOHE

The main HIV/AIDS/STIs Prevention and Control activities are: (1) provision of HIV/AIDS/STIs Prevention and Control information to construction workforce and members of the surrounding communities; (2) organization of edutainment events for construction workforce; (3) distribution and promotion of condom use for construction workforce; (4) establishment of a confidential referral system for VCT of HIV and counseling, testing, and treatment of STIs for construction workforce; and (5) capacity building of health workers of health offices at the construction sites and relevant health facilities in the surrounding communities.

Organization Structure for HIV/AIDS/STIs Prevention and Control Activities

Nippon Koei, Project Implementation Consultant, made a contract with TRACOHE to provide HIV/AIDS/STIs Prevention and Control activities. Under the Contract, TRACOHE is responsible to report all progress to Nippon Koei. Organization Structure for HIV/AIDS/STIs Prevention and Control activities is in the following Figure 8.

Figure 8: Organization Structure for HIV/AIDS/STIs Prevention and Control Activities in New National Highway No. 3 and Regional Road Network Construction Project



(2) Nhat Tan Bridge Construction Project (II)

Brief Outlines for HIV/AIDS/STIs Prevention and Control Activities

TRACOHE is implementing HIV/AIDS/STIs Prevention and Control activities in Nhat Tan Bridge Construction Project (II). The Brief Outlines for HIV/AIDS/STIs Prevention and Control activities are in the following Table 8.

Table 8: Brief Outlines for HIV/AIDS/STIs Prevention and Control Activities in Nhat Tan Bridge Construction Project (II)

Duration	June 2010 – December 2013
Target Groups	<ul style="list-style-type: none">• Construction Workers (1,510)• Managers of Contractor, Subcontractors, and Project Implementation Consultant• Health Workers of Health Offices at the Construction Sites• Members of the Surrounding Communities including High-Risk Groups
Budget	VND 2,436,000,000

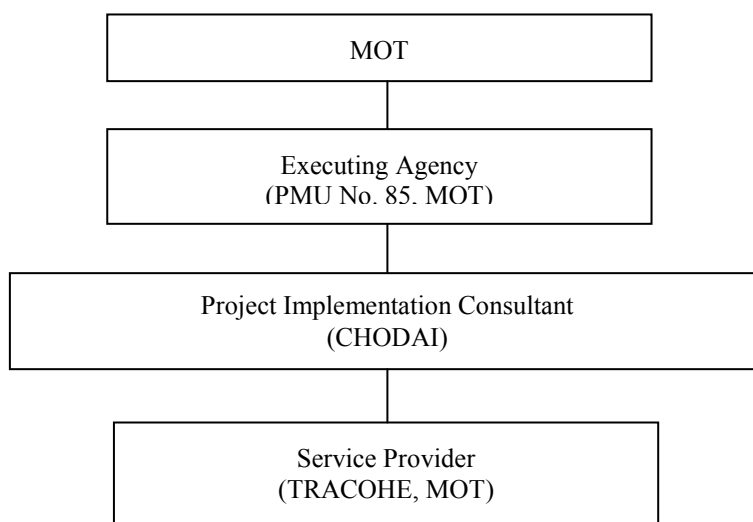
Source: TRACOHE

The main HIV/AIDS/STIs Prevention and Control activities are: (1) provision of HIV/AIDS/STIs Prevention and Control information to construction workforce and members of the surrounding communities; (2) distribution and promotion of condom use for construction workforce and members of the surrounding communities; (3) establishment of a confidential referral system for VCT of HIV and counseling, testing, and treatment of STIs for construction workforce; and (4) capacity building of health workers of health offices at the construction sites.

Organization Structure for HIV/AIDS/STIs Prevention and Control Activities

CHODAI, Project Implementation Consultant, made a contract with TRACOHE to provide HIV/AIDS/STIs Prevention and Control activities. Under the Contract, TRACOHE is responsible to report all progress to the CHODAI. Organization Structure for HIV/AIDS/STIs Prevention and Control activities is in the following Figure 9.

Figure 9: Organization Structure for HIV/AIDS/STIs Prevention and Control Activities in Nhat Tan Bridge Construction Project (II)



(3) Cai Mep – Thi Vai International Port Construction Project

Brief Outlines for HIV/AIDS/STIs Prevention and Control Activities

TRACOHE is implementing HIV/AIDS/STIs Prevention and Control activities in Cai Mep – Thi Vai International Port Construction Project. The Brief Outlines for HIV/AIDS/STIs Prevention and Control activities are in the following Table 9.

Table 9: Brief Outlines for HIV/AIDS/STIs Prevention and Control Activities in Cai Mep – Thi Vai International Port Construction Project

Duration	July 2009 – October 2012
Target Groups	<ul style="list-style-type: none"> • Construction Workers (1,068) • Managers of Contractor, Subcontractors, and Project Implementation Consultant • Health Workers of Health Offices at the Construction Sites • Members of the Surrounding Communities including High-Risk Groups
Budget	VND 2,406,098,182

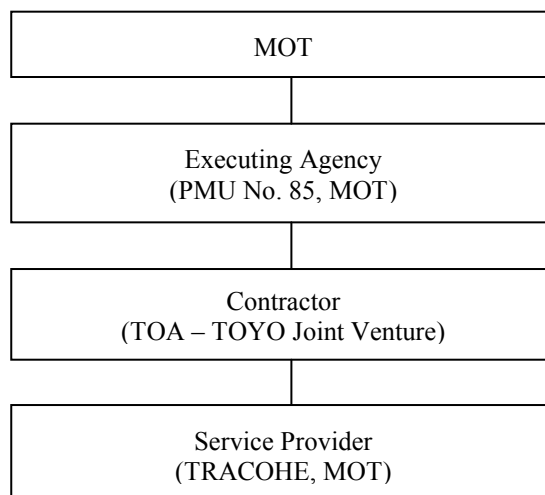
Source: TRACOHE

The main HIV/AIDS/STIs Prevention and Control activities are: (1) provision of HIV/AIDS/STIs Prevention and Control information to construction workforce and members of the surrounding communities; (2) organization of edutainment events for construction workforce; (3) distribution and promotion of condom use for construction workforce and members of the surrounding communities; and (4) establishment of a confidential referral system for VCT of HIV and counseling, testing, and treatment of STIs for construction workforce.

Organization Structure for HIV/AIDS/STIs Prevention and Control Activities

TOA – TOYO Joint Venture, Contractor, made a contract with TRACOHE to provide HIV/AIDS/STIs Prevention and Control activities. Under the Contract, TRACOHE is responsible to report all progress to the TOA – TOYO Joint Venture. Organization Structure for HIV/AIDS/STIs Prevention and Control activities is in the following Figure 10.

Figure 10: Organization Structure for HIV/AIDS/STIs Prevention and Control Activities in Cai Mep – Thi Vai International Port Construction Project



(4) Hanoi City Ring Road No. 3 Construction Project

Brief Outlines for HIV/AIDS/STIs Prevention and Control Activities

CDECC is implementing HIV/AIDS/STIs Prevention and Control activities in Hanoi City Ring Road No. 3 Construction Project. Please refer to Appendix 9b for information on CDECC.

The Brief Outlines for HIV/AIDS/STIs Prevention and Control activities are in the following Table 10.

Table 10: Brief Outlines for HIV/AIDS/STIs Prevention and Control Activities in Hanoi City Ring Road No. 3 Construction Project

Duration	December 2010 – November 2012
Target Groups	<ul style="list-style-type: none">• Construction Workers (263)• Managers of Contractor, Subcontractors, and Project Implementation Consultant• Health Workers of Health Offices at the Construction Sites• Members of the Surrounding Communities including High-Risk Groups
Budget	VND 1,519,293,000

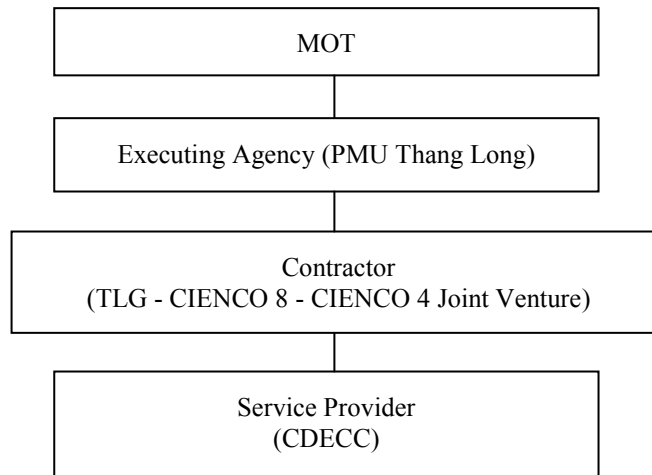
Source: CDECC

The main HIV/AIDS/STIs Prevention and Control activities are: (1) provision of HIV/AIDS/STIs Prevention and Control information to construction workforce and members of the surrounding communities; (2) peer education for construction workers; (3) organization of edutainment events for construction workforce; (4) distribution and promotion of condom use for construction workforce; and (5) establishment of a confidential referral system for VCT of HIV and counseling, testing, and treatment of STIs for construction workforce.

Organization Structure for HIV/AIDS/STIs Prevention and Control Activities

TLG, CIENCO 8, and CIENCO 4 Joint Venture, Contractor, made a contract with CDECC to provide HIV/AIDS/STIs Prevention and Control activities. Under the Contract, CDECC is responsible to report all progress to the TLG, CIENCO 8, and CIENCO 4 Joint Venture. Organization Structure for HIV/AIDS/STIs Prevention and Control activities is in the following Figure 11.

Figure 11: Organization Structure for HIV/AIDS/STIs Prevention and Control Activities in Hanoi City Ring Road No. 3 Construction Project



Chapter 4 - Issues and Recommendations for HIV/AIDS/STIs Prevention and Control Activities in ODA Projects

4-1. Issues for HIV/AIDS/STIs Prevention and Control Activities in Ongoing ODA Projects

The following are main challenges, problems or issues for the implementation of HIV/AIDS/STIs Prevention and Control activities in ongoing JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam.

Subcontractors Do Not Give High-Priorities to HIV/AIDS/STIs Prevention and Control Activities

Contractors or Project Implementation Consultants of the JICA-Assisted Large-Scale Infrastructure ODA Projects, those are mainly Japanese companies, are responsible to provide HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities in accordance to their contract with the executing agencies. Contractors or Project Implementation Consultants do not have sufficient knowledge and experience for implementing HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities and, therefore, contract out the implementation of HIV/AIDS/STIs Prevention and Control activities to the Service Provider (NGO, etc.). In practice, Subcontractors, most of them are government-owned Vietnamese construction companies, are actually responsible for the construction work.

Both Service Providers (TRACOHE and CDECC) reported that Subcontractors do not give high-priority to HIV/AIDS/STIs Prevention and Control activities for construction workforce. Contractors are interested in HIV/AIDS/STIs Prevention and Control activities for construction workforce, however, most of Subcontractors do not allow their construction workforce to effectively participate in the HIV/AIDS/STIs Prevention and Control activities in daytime as they consider HIV/AIDS/STIs Prevention and Control activities as wastage of valuable time of their construction workforce to meet their construction schedules. Service Providers are providing HIV/AIDS/STIs Prevention and Control activities to construction workforce at off-work time or in holidays.

Subcontractors Hardly Provide Proper Place for HIV/AIDS/STIs Prevention and Control Activities

Service Providers need proper place (sufficient in size to accommodate all participants, proper sitting arrangements, proper light, proper arrangement for electricity for audio/visual equipment, nearby washrooms with drinking water, sufficient exits in case of emergencies, etc.) for conducting effective HIV/AIDS/STIs Prevention and Control activities for construction workforce. However, subcontractors hardly provide proper place for conducting effective HIV/AIDS/STIs Prevention and Control activities for construction workforce, especially HIV/STIs Prevention Education Campaigns for construction workforce.

Service Providers Did Not Involve Target Groups

Both Service Providers (TRACOHE and CDECC) did not involve target groups (construction workforce, sex workers / entertainment workers and their clients, IDUs, members of the surrounding communities) in designing, implementing, and monitoring HIV/AIDS/STIs

Prevention and Control activities for construction workforce and members of the surrounding communities.

Service Providers Did Not Conduct HIV/AIDS Assessments for the Project Areas

Both Service Providers (TRACOHE and CDECC) only conducted KAP surveys for construction workforce and members of the surrounding communities, but not the HIV/AIDS Assessments for the Project areas to design suitable and appropriate HIV/AIDS/STIs Prevention and Control activities, especially for the members of the surrounding communities.

Service Providers Are Not Conducting Peer Education

CDECC is conducting peer education only for construction workers, but not for the sex workers / entertainment workers in the surrounding communities. TRACOHE is not conducting peer education for construction workers and sex workers / entertainment workers in the surrounding communities.

Service Providers Are Not Conducting Regular Monitoring and Evaluation

Both Service Providers (TRACOHE and CDECC) are not conducting regular monitoring and evaluation of HIV/AIDS/STIs Prevention and Control activities.

4-2. Recommendations for HIV/AIDS/STIs Prevention and Control Activities in Ongoing ODA Projects

(1) Recommendations for the Service Providers

Advocate the Importance and Benefits of HIV/AIDS/STIs Prevention and Control Activities to Construction Companies

Advocate the importance and benefits of HIV/AIDS/STIs Prevention and Control activities for construction workforce in advocacy interventions targeting managers of construction companies, especially Subcontractors. Advocacy interventions should also advocate for integrating HIV/AIDS/STIs Prevention and Control activities into any existing occupational health and safety (OH&S) programs of Contractor, Subcontractors, and Project Implementation Consultant.

Conclude Memorandum of Understanding with Construction Companies

Conclude Memorandum of Understanding (MOU) with management of each construction companies (Contractor and Subcontractors, and Project Implementation Consultant) clearly defining roles and responsibilities of each party (Contractor, Subcontractor, Project Implementation Consultant, and the Service Provider) for implementing HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities, including asking Contractor and Subcontractors to allow construction workforce to effectively participate in the HIV/AIDS/STIs Prevention and Control activities in daytime; provide proper place (sufficient in size to accommodate all participants, proper sitting arrangements, proper light, proper arrangement for electricity for audio/visual equipment, nearby washrooms with drinking water, sufficient exits in case of emergencies, etc.) to implement HIV/AIDS/STIs Prevention and Control activities for construction workforce; and to allocate fix time and duration for weekly or monthly HIV/AIDS/STIs

Prevention and Control activities for construction workforce through consultations with the Service Provider.

Involve Target Groups for HIV/AIDS/STIs Prevention and Control Activities

HIV/AIDS/STIs Prevention and Control activities are strengthened by involving target groups at all stages of the project (design, implementation, monitoring and evaluation, and post construction). Involvement of target groups creates a sense of ownership and facilitates the implementation of HIV/STIs prevention effort by the target groups.

It is strongly recommended to involve target groups at all stages of the project (design, implementation, monitoring and evaluation, and post construction). Involvement of PLHIV should also be encouraged for their effective participation in HIV/AIDS/STIs Prevention and Control activities. It would be difficult to have participation of PLHIV in HIV/AIDS/STIs Prevention and Control activities because it is always difficult to find PLHIV those voluntarily declare their HIV positive status and take part in HIV/AIDS/STIs Prevention and Control activities. However, there are several PLHIV groups in almost all major cities of Vietnam and the Service Provider should contact with PLHIV Groups in the Project areas for their active participation in HIV/AIDS/STIs Prevention and Control activities in the Project.

Conduct HIV/AIDS Assessments for the Project Areas

HIV/AIDS Assessments for the project areas are necessary to (1) analyze the HIV/AIDS/STIs situation in the project areas (e.g., HIV/AIDS/STIs prevalence, main routes of transmission, policy environment, etc.); (2) obtain information regarding presence of HIV/AIDS/STIs Prevention and Control implementing agencies/organizations including NGOs; available public/private HIV/AIDS/STIs counseling, testing, and treatment facilities; available public/private healthcare facilities; etc.; (3) examine the local context for why, where, when, how, and among whom high-risk behaviors for HIV/STIs transmission occur (or can potentially occur) in the project areas; (4) examine possibilities for establishing relationships with the HIV/AIDS/STIs Prevention and Control implementing agencies/organizations including NGOs; HIV/AIDS/STIs counseling, testing, and treatment facilities; public/private healthcare facilities; etc. in the project areas; and (5) examine suitable and appropriate interventions to address HIV/AIDS/STIs issues in the project areas.

It is strongly recommended to conduct HIV/AIDS Assessments for the Project areas to design suitable and appropriate interventions to address HIV/AIDS/STIs issues in the Project areas. It is found that the interviewees of Knowledge, Attitudes, and Practice (KAP) Surveys did not take interest without offering reasonable incentives. An incentive of VND 50,000 to the interviewee of the KAP Survey for the HIV/AIDS Assessments is considered reasonable in Vietnam.

Conduct Peer Education for Construction Workers and Sex Workers / Entertainment Workers in the Surrounding Communities

Peer education is the education offered by trained people (Peer Educators), who are members of the same target group (same profession, age, educational level, socioeconomic and cultural conditions, etc.). Peer education aims facilitates acceptance of messages and promotes behavior change by avoiding socio-culture differences between the Peer Educator and peers. Peer education supported by high-quality and target groups-based IEC/BCC materials is an effective method for reaching construction workforce and sex workers / entertainment workers in the surrounding communities.

It is strongly recommended to conduct peer education for construction workers and sex workers / entertainment workers in the surrounding communities. It would also be ideal to conduct peer education for IDUs in the surrounding communities; however, it is very difficult to organize them for the peer education. It is important to consider the ratio of Peer Educator and the number of peers. The peer education should base on a ratio of one Peer Educator to 20 peers. However, more Peer Educators should be selected than required as few Peer Educators will leave or drop-out during the course of the peer education. Experience has shown that providing a reasonable incentive to Peer Educators for each peer education session serves as a best method of retention of Peer Educators. Therefore, consider providing a reasonable incentive to each Peer Educator for each peer education session. CARE Vietnam has provided an incentive of VND 50,000 to each Peer Educator for each peer education session in JICA-Assisted Can Tho Bridge Construction Project in Vietnam. Most of relevant key stakeholders during consultations for the preparation of the Draft Standard Package also considered an incentive of VND 50,000 to the Peer Educator is reasonable for each peer education session.

Establish Monitoring and Evaluation Steering Committee to Conduct Regular Monitoring and Evaluation

It is also apparent that in order to assess regularly the implementation progress and impact of the HIV/AIDS/STIs Prevention and Control activities, a Monitoring and Evaluation Steering Committee made up of relevant key stakeholders is necessary. It is strongly recommended to establish a Monitoring and Evaluation Steering Committee chaired by the relevant personnel of the Executing Agency and composed of the relevant personnel of the Contractor, Subcontractors, Project Implementation Consultant, and Service Provider. The Monitoring and Evaluation Steering Committee should meet on a regular basis, preferably quarterly, to discuss work plans of schedule activities, review progress, resolve any issues/problems, and monitor and evaluate the activities.

(2) Recommendations for the Executing Agencies

Emphasize on the Contractual Obligation of Contractor

Emphasize on the contractual obligation for HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities of the Contractor. Make Contractor, Subcontractors, Project Implementation Consultant, and the Service Provider responsible to conclude MOU clearly defining roles and responsibilities of each party (Contractor, Subcontractors, Project Implementation Consultant, and the Service Provider) for implementing HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities, including asking Contractor and Subcontractors to allow construction workforce to effectively participate in the HIV/AIDS/STIs Prevention and Control activities in daytime; provide proper place (sufficient in size to accommodate all participants, proper sitting arrangements, proper light, proper arrangement for electricity for audio/visual equipment, nearby washrooms with drinking water, sufficient exits in case of emergencies, etc.) to implement HIV/AIDS/STIs Prevention and Control activities for construction workforce; and to allocate fix time and duration for weekly or monthly HIV/AIDS/STIs Prevention and Control activities for construction workforce through consultations with the Service Provider.

Emphasize on the Contractual Obligation of the Service Provider

Emphasize on the contractual obligation for HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities of the Service Provider. Ask the Service Provider to involve target groups in designing, implementing, and monitoring HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities; conduct HIV/AIDS Assessments for the Project areas to design suitable and appropriate HIV/AIDS/STIs Prevention and Control activities, especially for the members of the surrounding communities; and conduct peer education for construction workers and sex workers / entertainment workers in the surrounding communities.

Monitor Financial Management of the Service Provider

During the overview of the budgets for HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities in JICA-Assisted Large-Scale Infrastructure ODA Projects, it is found that Service Providers included unnecessary items in their budgets. Therefore, it is strongly recommended that Executing Agency should carefully check the budget of the Service Provider as well as regularly monitor the financial management of the Service Provider.

(3) Recommendations for JICA

Check the Contractual Obligation of Contractor, Subcontractors and the Service Provider

Check that the executing agency emphasized on the contractual obligation of the Contractor for implementing HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities. Check that the executing agency made the Contractor responsible for asking Subcontractors to allow construction workforce to effectively participate in the HIV/AIDS/STIs Prevention and Control activities in day time; provide proper place (sufficient in size to accommodate all participants, proper sitting arrangements, proper light, proper arrangement for electricity for audio/visual equipment, nearby washrooms with drinking water, sufficient exits in case of emergencies, etc.) to implement HIV/AIDS/STIs Prevention and Control activities for construction workforce; and to allocate fix time and duration for weekly or monthly HIV/AIDS/STIs Prevention and Control activities for construction workforce through consultations with the Service Provider.

Check that the executing agency emphasized on the contractual obligation of the Service Provider for implementing HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities. Check that the executing agency made responsible the Service Provider to involve target groups in designing, implementing, and monitoring HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities; conduct HIV/AIDS Assessments for the Project areas to design suitable and appropriate HIV/AIDS/STIs Prevention and Control activities, especially for the members of the surrounding communities; and conduct peer education for construction workers and sex workers / entertainment workers in the surrounding communities.

Conduct Mid-Term Review and Ex-Post Evaluation of HIV/AIDS/STIs Prevention and Control Activities in JICA-Assisted Large-Scale Infrastructure ODA Projects

JICA is conducting mid-term review for most development projects with the following main purposes:

- (1) to review the current status of the Project progress based on inputs, outputs, Project purpose, and identify the problems negatively affecting the Project implementation;
- (2) to evaluate the Project in accordance with the five evaluation criteria namely, relevance, effectiveness, efficiency, impact, and sustainability; and
- (3) to consider the necessary actions to be taken and make recommendations for the Project.

JICA should also conduct mid-term review for HIV/AIDS/STIs Prevention and Control activities in JICA-Assisted Large-Scale Infrastructure ODA Projects.

JICA is also conducting ex-post evaluation for most of development projects and, therefore, JICA should also conduct ex-post evaluation of HIV/AIDS/STIs Prevention and Control activities in JICA-Assisted Large-Scale Infrastructure ODA Projects for improving future HIV/AIDS/STIs Prevention and Control activities in JICA-Assisted Large-Scale Infrastructure ODA Projects.

Conduct Capacity Building of Local NGOs and Relevant Local Government Agencies/Organizations

Generally, the local NGOs are serving as the Service Providers for implementing HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities in JICA-Assisted Large-Scale Infrastructure ODA Projects. The existence of local NGOs with a professional vision and mission, full time staff, and efficient organization and management systems is a relatively new phenomenon in Vietnam, but are increasing in number and capacity. At present, local NGOs are not very professional in implementing HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities, particularly conducting the HIV/AIDS Assessments for the Project areas and conducting peer education for construction workforce and sex workers / entertainment workers in the surrounding communities. Therefore, JICA should consider the capacity building of local NGOs working in HIV/AIDS/STIs Prevention and Control in Vietnam to provide efficient and effective HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities of not only JICA-Assisted Large-Scale Infrastructure ODA Projects but also for projects financed by other international and local development partners.

JICA should also consider to improve the capacity of relevant local government agencies/organizations working in HIV/AIDS/STIs Prevention and Control activities in the JICA-Assisted Large-Scale Infrastructure ODA Project areas for the efficient and effective implementation of HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities, and to provide a sense of ownership among relevant local government agencies/organizations.

Chapter 5 - Preparation of the Draft Standard Package

5-1. Overall Goal and Specific Objectives

The overall goal of the Draft Standard Package is to increase the understanding and awareness of HIV/AIDS/STIs Prevention and Control among construction workforce and members of the surrounding communities of Large-Scale Infrastructure ODA Project, thus enabling these target group members to adopt safe and low-risk sexual behaviors thereby reducing the transmission of HIV/STIs.

The specific objectives of the Draft Standard Package are:

- To promote understanding and awareness for the importance of HIV/AIDS/STIs Prevention and Control and build capacity in managing HIV/AIDS/STIs Prevention and Control activities of the relevant government agencies/organizations and relevant stakeholders of the Large-Scale Infrastructure ODA Project (hereinafter referred as the Project);
- To promote understanding and awareness of risks, dangers, and impact and appropriate avoidance behaviors for HIV/STIs of construction workforce and members of the surrounding communities;
- To promote understanding and awareness of construction workforce and members of the surrounding communities on the importance of condom use; and
- To promote understanding and awareness of various effects of STIs on risk behaviors of construction workforce and members of the surrounding communities.

5-2. Target Groups and Beneficiaries

The target groups of the Draft Standard Package are:

- a. Skilled Workforce (e.g., consultants, managers, engineers, supervisors, foremen, office staff, etc.);
- b. Unskilled Workforce (e.g., construction workers, cleaners, security guards at construction sites, etc.);
- c. Transport Workforce (e.g., truck drivers and their helpers, etc.);
- d. Construction Camps Laborers (e.g., cooks, cleaners, security guards, etc.);
- e. High-Risk Groups (e.g., sex workers / entertainment workers and their clients, IDUs, etc.) in the Surrounding Communities; and
- f. Members of the Surrounding Communities.

The beneficiaries of the Draft Standard Package are:

- a. Government Authorities on HIV/AIDS Prevention and Control;
- b. Stakeholders of the Project (Executing Agencies, Project Management Units (PMUs), Contractor, Subcontractors, Project Implementation Consultant, etc.);
- c. Local HIV/AIDS Preventive Centers;
- d. Local AIDS Committees;
- e. Local Government Administration Authorities;
- f. Local Community Leaders including Politicians;

- g. Local Mass Organizations (e.g. Women Union, Youth Union, Farmers Union, etc.);
- h. Local HIV/AIDS/STIs Prevention and Control Service Providers (NGOs, etc.);
- i. Local Public and Private Health Providers and Pharmacies;
- j. JICA Staff; and
- k. HIV/AIDS/STIs Prevention and Control Consultants.

5-3. Implementation System

Steps for HIV/AIDS Prevention and Control Program at Different Stages of the Project

Steps for HIV/AIDS Prevention and Control Program at different stages of the Project are provided in the Draft Standard Package.

Possible Implementation Systems

There can be the following possible implementation systems for the implementation of the Draft Standard Package:

(1) Contractor as Responsible for the Implementation

Inserting a HIV/AIDS Clause in the contract of the Contractor is a possible way to make the Contractor responsible to provide HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities including high-risk groups (e.g., sex workers / entertainment workers and their clients, IDUs, etc.). Generally, the Contractors do not have sufficient knowledge and experience for implementing HIV/AIDS/STIs Prevention and Control activities and, therefore, contract out the implementation of HIV/AIDS/STIs Prevention and Control activities to the Service Provider (NGO, etc.). It is found that implementation system that rely solely on Contractors to directly hire and monitor HIV/AIDS/STIs Prevention and Control activities of the Service Provider made it difficult to ensure quality and compliance. Therefore, selection and entering into contract with the Service Provider should be the responsibility of the Contractor, but the Project Implementation Consultant should be made responsible for the monitoring of the Service Provider.

(2) Project Implementation Consultant as Responsible for the Implementation

Including HIV/AIDS/STIs Prevention and Control activities in the terms of reference of the Project Implementation Consultant is also a possible way for the implementation of the HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities including high-risk groups (e.g., sex workers / entertainment workers and their clients, IDUs, etc.). Generally, like the Contractors, the Project Implementation Consultants also do not have sufficient knowledge and experience for implementing HIV/AIDS/STIs Prevention and Control activities and, therefore, contract out the implementation of HIV/AIDS/STIs Prevention and Control activities to the Service Provider. Hence, it is important to clearly defined HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities in the terms of reference of the Project Implementation Consultant.

(3) Executing Agency as Responsible for the Implementation

This implementation system is possible if the Executing Agency has sufficient knowledge and experience of implementing HIV/AIDS/STIs Prevention and Control activities for

construction workforce and members of the surrounding communities including high-risk groups (e.g., sex workers / entertainment workers and their clients, IDUs, etc.). However, if the Executing Agency does not have sufficient knowledge and experience for implementing HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities, then it may also contract out the implementation of HIV/AIDS/STIs Prevention and Control activities to the Service Provider. There are few advantages of this implementation system as it strengthens ownership of the Executing Agency for the implementation of HIV/AIDS/STIs Prevention and Control activities and improves skills and capacity of the Executing Agency for the implementation of HIV/AIDS/STIs Prevention and Control activities in large-scale infrastructure projects. The improved skills and capacity of the Executing Agency can be utilized for not only JICA-assisted large-scale infrastructure projects, but also for the projects financed by other donors.

Each implementation system needs to be designed to fit the unique needs of the Project. The scale and scope of the HIV/AIDS/STIs Prevention and Control activities in each of the Projects will vary according to the nature of the local HIV epidemic and policy environment. Each implementation system will have its strengths and weaknesses and strengths and weaknesses of each implementation system are discussed in the Draft Standard Package.

Roles and Responsibilities of the Relevant Stakeholders

Detailed roles and responsibilities of government authorities on HIV/AIDS Prevention and Control and stakeholders of the Project (Executing Agency, Contractor/Subcontractors, and Project Implementation Consultant) are prepared in the Draft Standard Package.

Implementation Framework

Implementation framework for impact, outcome, and outputs with performance targets/indicators, data sources/reporting mechanisms, and important assumptions and risks is developed in the Draft Standard Package.

Selection Criteria, Selection Methods, Terms of Reference for the Service Provider, Contract between Employer and the Service Provider, and Memorandum of Understanding between the Service Provider and Construction Companies

The selection criteria and sample evaluation criteria for the Service Provider is prepared in the Draft Standard Package. The details of different selection methods, such as short listing, comparison of prices, and competitive bidding for the Service Provider are prepared. The sample Contract prepared by JICA for the Employment of Consultant is recommended to use as sample contract between employer and the Service Provider. The detailed terms of reference of the Service Provider are prepared. A sample Memorandum of Understanding between the Service Provider and Construction Companies is prepared.

Relationships with Government, Donors, and NGOs

The Service Provider will have a primary obligation to follow the strategies, policies, laws, and regulations for HIV/AIDS of the GOV. The Service Provider, therefore, must establish and maintain close working relationships with the relevant government agencies/organizations that facilitate receiving guidance for implementing HIV/AIDS/STIs Prevention and Control activities in the Project, and ensures that all activities are in line with the national, regional, and provincial strategies, policies, laws, and regulations for HIV/AIDS

of the GOV, especially with the National Strategy on HIV/AIDS Prevention and Control in Vietnam till 2010 with a Vision to 2020 and Law on HIV/AIDS Prevention and Control.

Relationships with donors will be primarily for harmonizing activities to avoid duplication. The Service Provider should establish and maintain close working relationships with key development partners to harmonize activities and avoid duplication.

NGOs, particularly International Non-Governmental Organizations (INGOs), might be interested to cooperate with the implementation of HIV/AIDS/STIs Prevention and Control activities in JICA-assisted large-scale infrastructure ODA projects and, therefore, the Service Provider should discuss possibilities and methods for cooperation with NGOs, particularly INGOs, working in the Project areas.

5-4. Interventions

The activities for the Draft Standard Package are prepared based on the following core principles:

1. **Relevance:** Ensure that all activities align with the needs of the target groups as well as with the National Strategies, Policies, Laws, and Regulations for HIV/AIDS Prevention and Control in Vietnam.
2. **Efficiency:** Ensure that all activities are implementable, practical, and cost-effective.
3. **Effectiveness and Impact:** Ensure that all activities generate intended impacts, such as reduction of HIV/STIs infection among construction workforce and members of the surrounding communities, reduction in discrimination toward PLHIV and their families and high-risk groups, and the promotion of understanding and awareness for the importance of HIV/AIDS/STIs Prevention and Control and build capacity in managing HIV/AIDS/STIs Prevention and Control activities of the relevant government agencies/organizations and relevant stakeholders of the Project, etc.
4. **Ethical Soundness:** Ensure that all activities must be gender-responsive, linguistically and culturally appropriate, and protect the privacy of the target groups.
5. **Sustainability and Replicability:** Ensure that all activities meet present and immediate needs and can be continued following the cessation of external funding as well as can be carried out in other settings with reasonable adjustment to fit changed social, economic, and capacity environments.

The activities for the Draft Standard Package are based on a number of well-established core principles from the experience of GOV, International Development Partners, and NGOs in implementing HIV/AIDS/STIs Prevention and Control activities in infrastructure projects in Vietnam that can guide the Executing Agency, Contractor, Subcontractors, Project Implementation Consultant, and the Service Provider (NGO, etc.), hired by the Executing Agency, Contractor or the Project Implementation Consultant of the Project, to prevent and/or mitigate HIV/STIs risks among the target groups of the Project. The core principles can be as follow:

- On 25 April 2004, during the “Paris Declaration on AID Effectiveness”, the UNAIDS developed the “Three Ones” Principles. Support the “Three Ones” principles those are: one agreed HIV/AIDS action framework, one national HIV/AIDS coordinating authority,

and one agreed country-level monitoring and evaluation system. The GOV has already developed the “National Strategy on HIV/AIDS Prevention and Control in Vietnam till 2010 with a Vision to 2020” as one agreed HIV/AIDS action framework; “NCADP” and “VAAC” as its secretariat as one national HIV/AIDS coordinating authority; and “National Monitoring and Evaluation Framework for HIV Prevention and Control Programs” as one agreed country-level monitoring and evaluation system.

- Consider national, regional, and provincial strategies, policies, laws, and regulations for HIV/AIDS Prevention and Control in the infrastructure sector.
- Follow the key principles of the International Labor Organization (ILO) Code of Practice on HIV/AIDS and the World of Work.
- Ensure to emphasize anti-drug, anti-child labor abuse, anti-trafficking and safe mobility messages in IEC/BCC activities.
- Ensure the rights of the construction workforce to employment, protection from discrimination, and a healthy work environment.
- Ensure HIV-related stigma and discrimination is addressed at the workplace and in the communities.
- Promote gender-responsive, linguistically and culturally appropriate, and socially inclusive approach.
- Use an evidence-based approach in developing HIV/AIDS/STIs Prevention and Control activities based on technically sound social, cultural, behavioral, and biological research.
- Build community resilience through capacity building initiatives at pre-, during, and post-construction stages.
- Ensure involvement of all relevant stakeholders including the target groups at all stages of the Project (design, implementation, monitoring and evaluation, and post-construction).

Based on the extensive literature survey, consultations with relevant stakeholders, and lessons learned from best practices and international and local experiences the following basic interventions are prepared for the Draft Standard Package. However, each intervention should be analyzed for relevance, sensitivity, and applicability based on the local context of each of the Project areas and affected communities and then adopt accordingly.

1. Advocacy and Capacity Building
2. Core HIV/AIDS/STIs Services
 - 2-1. Awareness and Behavior Change
 - 2-1-1. HIV/STIs Prevention Education Campaigns
 - 2-1-2. Peer Education
 - 2-1-3. Edutainment Events
 - 2-2. Distribution and Promotion of Condom Use
 - 2-3. VCT of HIV and Counseling, Testing, and Treatment of STIs

The objectives, target groups, implementation guidelines, and sample tools for each of the interventions are prepared in the Draft Standard Package.

Key Activities of the Draft Standard Package with Outputs and Milestones

Key activities of the Draft Standard Package with outputs and milestones are in the following Table.

Key Activities of the Draft Standard Package with Outputs and Milestones

Key Activities	Milestones
1. HIV/AIDS Assessments for the Project Areas	
Output: Needs, approaches, strategies on HIV/AIDS/STIs Prevention and Control activities are identified.	
1-1. Conduct Key Informant Interviews with the Representatives of Construction Companies, Leaders of the Surrounding Communities, Owners of Entertainment Establishments in the Surrounding Communities, and Representatives of Local HIV/AIDS/STIs Prevention and Control Agencies/Organizations and prepare Key Informant Interviews Report	Key Informant Interviews tools developed
	Key Informant Interviews conducted
	Key Informant Interviews Report prepared
1-2. Conduct Baseline KAP Survey for Construction Workers, Sex Workers / Entertainment Workers in the Surrounding Communities, IDUs in the Surrounding Communities, and Members of the Surrounding Communities and prepare Baseline KAP Surveys Report	Baseline KAP Surveys tools developed
	Baseline KAP Surveys conducted
	Baseline KAP Surveys Report prepared
1-3. Conduct HIV/AIDS Assessments for the Project areas and prepare HIV/AIDS Assessments Report	HIV/AIDS Assessments tools developed
	HIV/AIDS Assessments conducted
	HIV/AIDS Assessments Report prepared
1-4. Feedback the results of HIV/AIDS Assessments for the Project areas to the relevant stakeholders and prepare Minutes of the Feedback Meetings with the relevant stakeholders	Results of HIV/AIDS Assessment for the Project areas feed backed to the relevant stakeholders
	Minutes of the Feedback Meetings with the relevant stakeholders prepared
2. Advocacy and Capacity Building	
Output: Understanding and Awareness for the importance of HIV/AIDS/STIs Prevention and Control and capacity in managing HIV/AIDS/STIs Prevention and Control activities of the relevant stakeholders is strengthened.	
2-1. Conduct Individual Meetings to assess the understanding and awareness for the importance of HIV/AIDS/STIs Prevention and Control and capacity in managing HIV/AIDS/STIs Prevention and Control activities of the relevant personnel of the government agencies/organizations and relevant stakeholders of the Project and prepare Assessments Report	Individual Meetings tools developed
	Individual Meetings conducted
	Assessments Report prepared
2-2. Organize Capacity Building Workshops, preferably biannually (initial and refresher), to promote understanding and awareness for the importance of HIV/AIDS/STIs Prevention and Control and to build capacity in managing HIV/AIDS/STIs Prevention and Control activities of the relevant government agencies/organizations and relevant stakeholders of the Project and prepare Capacity Building Workshops (initial and refresher) Reports	Work Plan for Capacity Building Workshops (initial and refresher) prepared
	Capacity Building Workshops (initial and refresher) organized
	Capacity Building Workshops (initial and refresher) Reports prepared
2-3. Organize Mid- and End-of-Project Workshops inviting relevant government agencies/organizations and relevant stakeholders of the Project to discuss lessons observed and recommendations for midterm remedial measures and improving strategies for future HIV/AIDS/STIs Prevention and Control activities	Work Plan for Mid- and End-of-Project Workshops prepared
	Mid- and End-of-Project Workshops organized
	Mid- and End-of-Project Workshops Reports prepared

Key Activities	Milestones
in the infrastructure sector and prepare Mid- and End-of-Project Workshops Reports	
3. HIV/STIs Prevention Education Campaigns	
Output: Understanding and Awareness for the importance of HIV/AIDS/STIs Prevention and Control among the target groups is improved.	
3-1. Select available IEC materials and BCC methods tailored to the different sets of opportunities, vulnerabilities and high-risk behaviors of different target groups (construction workforce, sex workers / entertainment workers and their clients, IDUs, and members of the surrounding communities)	Suitable available IEC materials and BCC methods selected
3-2. Reprint the selected available IEC materials	Selected available IEC materials reprinted
3-3. Provide HIV/STIs Prevention Education	HIV/STIs Prevention Education provided
3-4. Distribute free of cost gender-responsive and linguistically and culturally appropriate IEC/BCC materials and high-quality condoms	IEC/BCC materials and high-quality condoms distributed
4. Peer Education Training	
Output: Peer Educators received sufficient knowledge about HIV/AIDS/STIs Prevention and Control and practical peer education skills.	
4-1. Select suitable male and female Peer Educators from the target groups	Suitable male and female Peer Educators from the target groups selected
4-2. Conduct Peer Education Training, preferably biannually (initial and refresher), to provide sufficient knowledge about HIV/AIDS/STIs Prevention and Control and practical peer education skills to selected Peer Educators	Peer Education Training (initial and refresher) to selected Peer Educators conducted
4-3. Conduct End-of-Peer Education Training Evaluation to evaluate that the Peer Educators understand their roles and responsibilities as well as administrative and management concerns of their assignments	End-of-Peer Education Training Evaluation conducted
4-4. Conduct regular meetings, preferably monthly, with Peer Educators to keep them motivated, refresh their skills and knowledge, provide IEC/BCC materials and high-quality condoms, and monitor their progress	Regular meetings with Peer Educators conducted
4-5. Evaluate performance of Peer Educators regularly, preferably monthly, to know who they have reached and what impact they are having	Monthly performance of Peer Educators evaluated
4-6. Conduct Peer Education Training for new Peer Educators and Refresher Training for old Peer Educators	Peer Education Training for new Peer Educators and Refresher Training for old Peer Educators conducted
5. Edutainment Events	
Output: Understanding and Awareness for the importance of HIV/AIDS/STIs Prevention and Control among the target groups is improved.	
4-1. Select suitable venue, easily accessible by the target groups, for the Edutainment Events	Suitable venue for the Edutainment Events selected
4-2. Select and hire suitable professional organizations to deliver the message in entertainment format, such as music, drama, puppet show, comedy, etc.	Suitable professional organizations selected and hired
4-3. Provide information regarding HIV/AIDS situation in Vietnam and especially in the Project areas	Information regarding HIV/AIDS situation in Vietnam and especially in the Project areas provided
4-4. Provide HIV/AIDS/STIs Prevention and Control information	HIV/AIDS/STIs Prevention and Control information provided
4-5. Conduct HIV/AIDS/STIs related knowledge contests and distribute prizes to winners of the contests	HIV/AIDS/STIs related knowledge contests conducted and prizes to winners of the contests distributed

Key Activities	Milestones
4-6. Distribute gender-responsive and linguistically and culturally appropriate IEC/BCC materials and high-quality condoms free of cost to the audience	IEC/BCC materials and high-quality condoms free of cost to the audience distributed
4-7. Conduct Post-Edutainment Event Interviews with few of the audience to evaluate the Edutainment Event and to prepare recommendations for the improvement	Post-Edutainment Event Interviews with few of the audience conducted and recommendations for the improvement prepared
6. Distribution and Promotion of Condoms Use	
Output: Correct and Consistent Use of Condom among the target groups is promoted.	
6-1. Purchase high-quality condoms	High-quality condoms purchased
6-2. Distribute high-quality condoms free of cost to construction workforce at health offices at the construction sites and construction workers camps	High-quality condoms distributed free of cost to construction workforce at health offices at the construction sites and construction workers camps
6-3. Distribute high-quality condoms either free or at subsidized cost to sex workers / entertainment workers and their clients at entertainment establishments in the surrounding communities	High-quality condoms distributed either free or at subsidized cost to sex workers / entertainment workers and their clients at entertainment establishments in the surrounding communities
6-4. Organize social marketing of high-quality condoms for members of the surrounding communities including IDUs through mobilization of local resources (e.g., community health volunteers, etc.)	Social marketing of high-quality condoms for members of the surrounding communities including IDUs organized
6-5. Create linkages with available free condoms distribution programs	Linkages with available free condoms distribution programs created
7. VCT of HIV and Counseling, Testing, and Treatment of STIs	
Output: Access to VCT of HIV and Counseling, Testing, and Treatment of STIs among the target groups is improved.	
7-1. Provide gender-responsive, client-respectful, linguistically and culturally appropriate, and confidential counseling of HIV/STIs to construction workforce at health offices at the construction sites	Gender-responsive, client-respectful, linguistically and culturally appropriate, and confidential counseling of HIV/STIs to construction workforce at health offices at the construction sites provided
7-2. Develop a confidential referral system in or near construction sites to provide gender-responsive, client-respectful, linguistically and culturally appropriate, and confidential VCT of HIV and counseling, testing, and treatment of STIs to construction workforce and members of the surrounding communities including high-risk groups (e.g., sex workers / entertainment workers and their clients, IDUs, etc.) at HIV/AIDS/STIs counseling, testing, and treatment facilities in the surrounding communities	Confidential referral system in or near construction sites to provide gender-responsive, client-respectful, linguistically and culturally appropriate, and confidential VCT of HIV and counseling, testing, and treatment of STIs to construction workforce and members of the surrounding communities including high-risk groups (e.g., sex workers / entertainment workers and their clients, IDUs, etc.) at HIV/AIDS/STIs counseling, testing, and treatment facilities in the surrounding communities developed
7-3. Build capacity of health workers at health offices at the construction sites to provide gender-responsive, client-respectful, linguistically and culturally appropriate, and confidential counseling of HIV/STIs to construction workforce	Capacity of health workers at health offices at the construction sites to provide gender-responsive, client-respectful, linguistically and culturally appropriate, and confidential counseling of HIV/STIs to construction workforce strengthened
7-4. Build capacity of public and private health and pharmacy workers in the surrounding communities to provide gender-responsive, client-respectful, linguistically and culturally appropriate, and confidential VCT of HIV and counseling, testing, and treatment of STIs to construction workforce and members of the surrounding communities including high-risk groups (e.g., sex workers / entertainment workers and their clients, IDUs, etc.)	Capacity of public and private health and pharmacy workers in the surrounding communities to provide gender-responsive, client-respectful, linguistically and culturally appropriate, and confidential VCT of HIV and counseling, testing, and treatment of STIs to construction workforce and members of the surrounding communities including high-risk groups (e.g., sex workers / entertainment workers and their clients, IDUs, etc.) strengthened
8. Monitoring and Evaluation	

Key Activities	Milestones
Output: HIV/AIDS/STIs Prevention and Control activities are progressed as planned and achieve output of each activity through appropriate monitoring and evaluation.	
8-1. Establish Monitoring and Evaluation Steering Committee composed of relevant stakeholders to regularly, preferably quarterly, monitor and evaluate HIV/AIDS/STIs Prevention and Control activities in the Project	Work Plan for Monitoring and Evaluation Steering Committee developed
	Monitoring and Evaluation Steering Committee established
8-2. Train members of the Monitoring and Evaluation Steering Committee to regularly, preferably quarterly, monitor and evaluate HIV/AIDS/STIs Prevention and Control activities in the Project	Members of the Monitoring and Evaluation Steering Committee trained
8-3. Develop Project-specific monitoring and evaluation framework through (i) baseline mapping using local census and/or demographic data for the target groups in the Project areas and (ii) baseline KAP surveys of the target groups	Project-specific monitoring and evaluation framework developed
8-4. Develop Project-specific output and outcome monitoring and evaluation indicators ensuring that output and outcome indicators are aligned with the National Monitoring and Evaluation Framework for HIV Prevention and Control	Project-specific output and outcome monitoring and evaluation indicators developed
8-5. Collect regular monitoring and evaluation data ensuring that the collected data are disaggregated by sex, ethnicity, and legal status	Regular monitoring and evaluation data collected
8-6. Organize Monitoring and Evaluation Steering Committee Meetings to regularly, preferably quarterly, monitor and evaluate HIV/AIDS/STIs Prevention and Control activities in the Project	Monitoring and evaluation tools developed
	Monitoring and evaluation conducted
	Monitoring and Evaluation Reports prepared
8-7. Conduct End-of-Project KAP Survey for Construction Workers, Sex Workers / Entertainment Workers in the Surrounding Communities, IDUs in the Surrounding Communities, and Members of the Surrounding Communities to assess their knowledge, attitudes, and expected skills development after the completion of the HIV/AIDS/STI Prevention and Control activities in the Project	End-of-Project KAP Surveys tools developed
	End-of-Project KAP Surveys conducted
	End-of-Project KAP Surveys Reports prepared
8-8. Conduct evaluation of HIV/AIDS/STIs Prevention and Control activities in the Project and prepare recommendations for the improvement of HIV/AIDS/STIs Prevention and Control activities in the infrastructure projects	Evaluation tools developed
	Evaluation conducted
	Evaluation Reports prepared

Implementation Guidelines and Manual for the Service Provider

Although numerous HIV/AIDS/STIs Prevention and Control implementation guidelines and manuals for the Service Provider are available, very few are specifically developed for the infrastructure sector. In 2007, the International Organization for Migration (IOM) financed by the ADB developed a migrant-friendly IEC/BCC tool called “For Life, With Love”. This package was developed in partnership with the national health authorities and relevant key stakeholders of five Greater Mekong Subregion (GMS) countries: Cambodia, the Lao PDR, Myanmar, Thailand, and Vietnam. The package comes with an animated video series (eight episodes of 10 minutes each), posters, brochures, and an activities implementation manual and is available in the national languages of each of these five countries. The ADB/IOM Training Tool for HIV Prevention and Safe Migration in Road Construction Settings and Affected Communities is modified and presented as Sample Implementation Guidelines and Manual for the Service Provider in the Draft Standard Package.

5-5. Monitoring and Evaluation and Reporting Systems

A detailed proposed Monitoring and Evaluation Framework for HIV/AIDS/STIs Prevention and Control in the Project with Objectives, Outcomes and Outputs Monitoring and Evaluation Indicators, and Sources of Data is developed in the Draft Standard Package. The details of reporting system including guidelines, and a sample monthly progress report by the Service Provider are also prepared.

5-6. Cost Estimation and Possible Financing Schemes

The average annual costs for the activities of the Draft Standard Package for 300 Construction Workforce and 1,000 Members of the Surrounding Communities including High-Risk Groups (e.g., Sex Workers / Entertainment Workers and their Clients, IDUs, etc.) have been estimated by consultations with relevant key stakeholders and analyzing the budgeted costs for some of the JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam and then making appropriate adjustments.

There is ongoing debate on whether HIV/AIDS/STIs Prevention and Control activities in large-scale infrastructure projects should be financed using project loans or funded through grants. While some international development partners would like to see government subsidizing the HIV/AIDS/STIs Prevention and Control activities as a demonstration of their political commitment, some government agencies/organizations would like that international development partners should provide grants for these activities.

There can be following possible financing schemes for the implementation of HIV/AIDS/STIs Prevention and Control activities of the Draft Standard Package:

(1) From Budget of the Project

Including costs for the implementation of HIV/AIDS/STIs Prevention and Control activities in the budget of the Project is a plausible way for implementing HIV/AIDS/STIs Prevention and Control activities of the Project.

(2) From Budget of the Executing Agency/Borrower

Including costs for the implementation of HIV/AIDS/STIs Prevention and Control activities in the Executing Agency/Borrower's budget is a preferable way for implementing HIV/AIDS/STIs Prevention and Control activities of the Project. However, Executing Agency/Borrower may be reluctant to provide costs from their budget.

(3) From Japan Trust Fund

Another option is to use the Japan Trust Fund (JTF), which is based on the Okinawa Infectious Diseases Initiative of the Government of Japan as agreed at the G8 Kyushu-Okinawa Summit in 2000. However, there is a limitation in the amount of funding for each project and only projects in selected countries can utilize the fund.

(4) From Donors Fund

It would be difficult to establish a multi-donors fund for financing HIV/AIDS/STIs Prevention and Control activities, though much effort has been made by donors to harmonize their activities in order to produce better results. If a multi-donors fund is created, JICA will

be required to contribute to the fund prior to utilizing it. It is also unclear whether a multi-donors fund would allow funds for HIV/AIDS/STIs Prevention and Control activities in JICA-assisted large-scale infrastructure ODA projects.

Chapter 6 - Promotion of Understanding and Awareness for the Importance of HIV/AIDS/STIs Prevention and Control of the Relevant Key Stakeholders

6-1. Organization of Workshop

Organized one day workshop to promote understanding and awareness for the importance of HIV/AIDS/STIs Prevention and Control of the relevant government agencies/organizations and relevant stakeholders of the JICA-Assisted Large-Scale Infrastructure ODA Projects on 25 November 2011 in Hanoi. The workshop introduced participants the objectives of the Study and the Workshop, Draft Standard Package, HIV/AIDS/STIs Prevention and Control activities in ongoing JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam, and presentation from the representatives of relevant government agencies/organizations for their HIV/AIDS/STIs Prevention and Control activities in infrastructure sector.

A total of 35 representatives of Relevant Government Agencies/Organizations, Relevant Stakeholders of JICA-Assisted Large-Scale Infrastructure ODA Projects, International Development Partners, and JICA Vietnam Office attended the workshop. Please refer to Appendix 10a for the Workshop Program and Appendix 10b for the List of Participants for Workshop in Hanoi.

6-2. Objectives of Workshop

The following were the main objectives of the Workshop:

- To explain the objectives of the Study and the Draft Standard Package;
- To share HIV/AIDS/STIs Prevention and Control activities of relevant government agencies/organizations in Vietnam;
- To share HIV/AIDS/STIs Prevention and Control activities in JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam;
- To obtain views, opinions, comments, suggestions, and recommendations from the participants for improving HIV/AIDS/STIs Prevention and Control activities in JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam; and
- To promote understanding and awareness for the importance of HIV/AIDS/STIs Prevention and Control of the relevant government agencies/organizations and relevant stakeholders of the JICA-Assisted Large-Scale Infrastructure ODA Projects.

6-3. Expected Outputs/Recommendations of Workshop

The following are expected outputs/recommendation of the workshop.

- Recommendations from participants for improving HIV/AIDS/STIs Prevention and Control activities in JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam;
- Recommendations for future cooperation, coordination, and collaboration between JICA and the relevant stakeholders for future JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam; and
- Increase understanding and awareness for the importance of HIV/AIDS/STIs Prevention and Control of the relevant government agencies/organizations and relevant stakeholders of the JICA-Assisted Large-Scale Infrastructure ODA Projects.

Please refer to Appendix 10c for Outputs/Recommendation of Workshop.

6-4. Debriefing Meetings with the Relevant Stakeholders in HCMC

Relevant stakeholders in HCMC are debriefed on 28 November 2011 with the proceedings of the Workshop including objectives of the Study and the Workshop, Draft Standard Package, HIV/AIDS/STIs Prevention and Control activities in ongoing JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam, presentation from the representatives of relevant government agencies/organizations for their HIV/AIDS/STIs Prevention and Control activities in infrastructure sector as well as the outcomes/recommendations from the Workshop held on 25 November 2011 in Hanoi.

Please refer to Appendix 10d for the List of Participants for Debriefing Meetings in HCMC.

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Appendix 1: Field Work Schedule

Days	Date and Time	Day	Activities	Place
1	01 Aug. 2001	Mon.	Osaka – Hanoi	
2	02 Aug. 2001 14:00	Tue.	Meeting with JICA Vietnam Office	
3	03 Aug. 2001	Wed.	Data Analysis	
4	04 Aug. 2001	Thu.		
5	05 Aug. 2001	Fri.		
6	06 Aug. 2001	Sat.		
7	07 Aug. 2001	Sun.		
8	08 Aug. 2001 10:00	Mon.	Meeting with TRACOHE, Bureau of Transportation Health, MOT	
	15:00		Meeting with Hanoi HIV/AIDS Preventive Center	
9	09 Aug. 2001 10:00	Tue.	Meeting with VAAC, MOH	
	13:00		Meeting with UNAIDS	
10	10 Aug. 2001 13:00	Wed.	Meeting with Department for Social Evils Prevention, MOLISA	
	15:00		Meeting with Project Implementation Consultant (Oriental Consultants Co., Ltd.) of Hanoi City Ring Road No. 3 Construction Project	
11	11 Aug. 2001 10:00	Thu.	Meeting with Executing Agency (RPMU of Vietnam Railways, MOT) of Hanoi City Urban Railway Construction Project (Line 1)	
	15:00		Meeting with ADB	
12	12 Aug. 2011 10:00	Fri.	Meeting with Hanoi Youth Union	
	13:00		Meeting with Service Provider (VINAFFPA) of Hanoi City Urban Railway Construction Project (Line 1)	
13	13 Aug. 2001	Sat.	Stakeholders Consultations Analysis	
14	14 Aug. 2011	Sun.		
15	15 Aug. 2001 10:00	Mon.	Meeting with ILO	
	13:00		Meeting with World Bank	
	15:00		Meeting with Railway Health Center, Vietnam Railways, MOT	
16	16 Aug. 2011 10:00	Tue.	Meeting with FHI 360 Vietnam (INGO)	
	15:00		Meeting with IOM	
17	17 Aug. 2001 13:00	Wed.	Meeting with Milk Flower Group (PLHIV Group in Hanoi)	
18	18 Aug. 2011 10:00	Thu.	Meeting with Executing Agency (PMU No. 2, MOT) of New National Highway No. 3 and Regional Road Network Construction Project	
	13:00		Meeting with Service Provider (CDECC) of Hanoi City Ring Road No. 3 Construction Project	
19	19 Aug. 2011 10:00	Fri.	Stakeholder Consultations Analysis	
20	20 Aug. 2011	Sat.		
21	21 Aug. 2011	Sun.		
22	22 Aug. 2011 10:00	Mon.	Meeting with DKT Vietnam (INGO)	
	13:00		Meeting with Executing Agency (PMU No. 85, MOT) of Nhat Tan Bridge Construction Project (II)	
23	23 Aug. 2011 10:00	Tue.	Meeting with Executing Agency (PMU Thang Long, MOT) of Hanoi City Ring Road No. 3 Construction Project	
24	24 Aug. 2011 10:00	Wed.	Meeting with CEPHAD (Local NGO)	

Days	Date and Time	Day	Activities	Place
25	25 Aug. 2011 15:00	Thu.	Meeting with Project Implementation Consultant (JKT Association) of Hanoi City Urban Railway Construction Project (Line 1)	
26	26 Aug. 2011 13:00	Fri.	Meeting with CARE Vietnam (INGO)	
27	27 Aug. 2011	Sat.	Stakeholders Consultations Analysis	
28	28 Aug. 2011	Sun.		
29	29 Aug. 2011 09:40 11:40 14:00	Mon.	Hanoi – HCMC	HCMC
30	30 Aug. 2011 10:00	Tue.	Meeting with The Smiling Group (PLHIV Group in HCMC)	
	13:00		Meeting with Executing Agency (UCCI) of Second Ho Chi Minh City Water Environment Improvement Project (II)	
	15:00 17:00		Meeting with AIDS Committee HCMC	
31	31 Aug. 2011 13:30	Wed.	HCMC – Hanoi	Hanoi
	15:00		Meeting with Construction Hospital, MOC	
32	01 Sep. 2011 10:00	Thu.	Meeting with Hanoi Women Union	
	13:00		Meeting with ISDS (Local NGO)	
33	02 Sep. 2011 10:00	Fri.	Meeting with CCIHP (Local NGO)	
34	03 Sep. 2011	Sat.	Preparation of Draft Standard Package and Interim Report	
35	04 Sep. 2011	Sun.		
36	05 Sep. 2011	Mon.		
37	06 Sep. 2011	Tue.		
38	07 Sep. 2011	Wed.		
39	08 Sep. 2011	Thu.		
40	09 Sep. 2011	Fri.		
41	10 Sep. 2011	Sat.		
42	11 Sep. 2011	Sun.		
43	12 Sep. 2011	Mon.		
44	13 Sep. 2011	Tue.		
45	14 Sep. 2011	Wed.	Preparation of Draft Standard Package and Interim Report Hanoi – Osaka	Okayama
46	09 Oct. 2011	Sun.	Osaka – Hanoi	Hanoi
47	10 Oct. 2011 10:00	Mon.	Meeting with Service Provider (CDECC) of Hanoi City Ring Road No. 3 Construction Project	
48	11 Oct. 2011 14:00	Tue.	Meeting with TRACOHE, Bureau of Transportation Health, MOT	
49	12 Oct. 2011 10:00	Wed.	Support and Monitoring of Service Provider (CDECC) of Hanoi City Ring Road No. 3 Construction Project	
50	13 Oct. 2011 14:00	Thu.	Meeting with Executing Agency (PMU No. 85, MOT) of Nhat Tan Bridge Construction Project (II)	
	15:30		Meeting with Executing Agency (PMU Thang Long, MOT) of Hanoi City Ring Road No. 3 Construction Project	
51	14 Oct. 2011 13:30	Fri.	Meeting with Executing Agency (RPMU of Vietnam Railways, MOT) of Hanoi City Urban Railway Construction Project (Line 1)	
	15:00		Support and Monitoring of Service Provider (CDECC) of Hanoi City Ring Road No. 3 Construction Project	
52	15 Oct. 2011	Sat.	Preparation of Draft Final Report	
53	16 Oct. 2011	Sun.		
54	17 Oct. 2011 10:30	Mon.	Meeting with Executing Agency (PMU No. 2, MOT) of New National Highway No. 3 and Regional Road Network Construction Project	

Days	Date and Time	Day	Activities	Place
	14:00		Meeting with Service Provider (VINAFPA) of Hanoi City Urban Railway Construction Project (Line 1)	
	15:30		Support and Monitoring of Service Provider (CDECC) of Hanoi City Ring Road No. 3 Construction Project	
55	18 Oct. 2011 10:30	Tue.	Support and Monitoring of Service Provider (CDECC) of Hanoi City Ring Road No. 3 Construction Project	
56	19 Oct. 2011 10:30	Wed.	Support and Monitoring of Service Provider (CDECC) of Hanoi City Ring Road No. 3 Construction Project	
57	20 Oct. 2011 10:30	Thu.	Support and Monitoring of Service Provider (CDECC) of Hanoi City Ring Road No. 3 Construction Project	
58	21 Oct. 2011 08:30 10:30	Fri.	Hanoi – HCMC	HCMC
	13:30		Meeting with Executing Agency (UCCI) of Second Ho Chi Minh City Water Environment Improvement Project (II)	
	17:50 19:50		HCMC – Hanoi	
59	22 Oct. 2011	Sat.	Preparation of Workshop Presentation	
60	23 Oct. 2011	Sun.		
61	24 Oct. 2011 10:00	Mon.		
62	25 Oct. 2011	Tue.	Support and Monitoring of Service Provider (CDECC) of Hanoi City Ring Road No. 3 Construction Project	Hanoi
63	26 Oct. 2011	Wed.	Participation in ADB Workshop in Hanoi	
64	27 Oct. 2011	Thu.		
65	28 Oct. 2011	Fri.	Support and Monitoring of Service Provider (CDECC) of Hanoi City Ring Road No. 3 Construction Project	
66	29 Oct. 2011	Sat.	Preparation of Draft Final Report and Minutes of Meetings	
67	30 Oct. 2011	Sun.		
68	31 Oct. 2011	Mon.		
69	1 Nov. 2011	Tue.		
70	2 Nov. 2011	Wed.		
71	3 Nov. 2011	Thu.		
72	4 Nov. 2011	Fri.		
73	5 Nov. 2011	Sat.		
74	6 Nov. 2011	Sun.		
75	7 Nov. 2011	Mon.	Hanoi – Osaka	Okayama
76	22 Nov. 2011	Tue.	Osaka – Hanoi	Hanoi
77	23 Nov. 2011	Wed.	Meeting with Translator	
78	24 Nov. 2011	Thu.	Meeting with Translator	
79	25 Nov. 2011	Fri.	Workshop in Hanoi	
80	26 Nov. 2011	Sat.	Meeting with Translator	
81	27 Nov. 2011 15:00 17:00	Sun.	Hanoi – HCMC	HCMC
82	28 Nov. 2011 09:00 11:30	Mon.	Debriefing Meeting	Hanoi
	14:00 16:00		HCMC – Hanoi	
83	29 Nov. 2011	Tue.	Meeting with Translator	Hanoi
84	30 Nov. 2011	Wed.	Hanoi – Osaka	Okayama

Appendix 2a: Questionnaire for Key Informant Interviews with the Relevant Government Agencies/Organizations

Key Discussion Points	Questions	Answers/Recommendations
Organization Information	<ul style="list-style-type: none"> • Would you please provide organization structure of your organization involved in HIV/AIDS/STIs Prevention and Control? 	•
	<ul style="list-style-type: none"> • Would you please provide information regarding human resources (e.g., numbers, roles and responsibilities, etc.) involved in HIV/AIDS/STIs Prevention and Control? 	•
Strategies, Policies, Laws, and Regulations Concerning HIV/AIDS/STIs Prevention and Control in Vietnam	<ul style="list-style-type: none"> • Would you please provide information regarding strategies, policies, laws, and regulations concerning HIV/AIDS/STIs Prevention and Control in Vietnam? 	•
HIV/AIDS/STIs Prevention and Control Activities in Infrastructure Sector	<ul style="list-style-type: none"> • Would you please describe your past, present, and future HIV/AIDS/STIs Prevention and Control activities (type of interventions, target areas, target groups and beneficiaries, duration, budget, etc.) in infrastructure sector? 	•
Coordination with other relevant agencies/organizations for HIV/AIDS/STIs Prevention and Control	<ul style="list-style-type: none"> • Would you please provide information regarding level and mechanisms of coordination with other relevant agencies/organizations for HIV/AIDS/STIs Prevention and Control? 	•
	<ul style="list-style-type: none"> • Would you please describe your experience with international development partners in implementing HIV/AIDS/STIs Prevention and Control activities? 	•
	<ul style="list-style-type: none"> • Would you please prioritize problems/issues in working with international development partners in implementing HIV/AIDS/STIs Prevention and Control activities? 	•
Capacity Assessment	<ul style="list-style-type: none"> • Would you please describe strengths of your organization for providing HIV/AIDS/STIs Prevention and Control activities? 	•

Key Discussion Points	Questions	Answers/Recommendations
	<ul style="list-style-type: none"> • Would you please describe weaknesses of your organization for providing HIV/AIDS/STIs Prevention and Control activities? 	<ul style="list-style-type: none"> •
	<ul style="list-style-type: none"> • Would you please prioritize problems/issues in implementing HIV/AIDS/STIs Prevention and Control activities? 	<ul style="list-style-type: none"> •
	<ul style="list-style-type: none"> • Would you please describe your methods for solving problems/issues in implementing HIV/AIDS/STIs Prevention and Control activities? 	<ul style="list-style-type: none"> •
	<ul style="list-style-type: none"> • Do you think your organization is capable to provide effective and sustainable HIV/AIDS/STIs Prevention and Control activities? 	<ul style="list-style-type: none"> •
	<ul style="list-style-type: none"> • If not, what type of capacity building do you need? 	<ul style="list-style-type: none"> •
<p>Recommendations for improving HIV/AIDS/STIs Prevention and Control activities in Infrastructure Sector</p>	<ul style="list-style-type: none"> • What are your recommendations for improving HIV/AIDS/STIs Prevention and Control activities in infrastructure sector? 	<ul style="list-style-type: none"> •
<p>Willingness to involve in JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam</p>	<ul style="list-style-type: none"> • Is your organization willing to involve in JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam? 	<ul style="list-style-type: none"> •
	<ul style="list-style-type: none"> • If yes, what should be your possible roles and responsibilities in HIV/AIDS/STIs Prevention and Control activities in a JICA-Assisted Large-Scale Infrastructure ODA Project in Vietnam? 	<ul style="list-style-type: none"> •
<p>Willingness to provide Data/Information for the HIV/AIDS Assessments for the Project Areas and IEC/BCC Materials for use in JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam</p>	<ul style="list-style-type: none"> • Is it possible to provide Data/Information for the HIV/AIDS Assessments for the Project Areas and IEC/BCC materials prepared by your organization to be used in implementing HIV/AIDS/STIs Prevention and Control activities in JICA-Assisted Large-Scale Infrastructure ODA Projects in Vietnam? 	<ul style="list-style-type: none"> •
<p>Willingness to participate and deliver presentation in the Workshop at Hanoi</p>	<ul style="list-style-type: none"> • Is it possible for your organization to participate in workshop hold at Hanoi by the Study Team of this Study? 	<ul style="list-style-type: none"> •

Key Discussion Points	Questions	Answers/Recommendations
	<ul style="list-style-type: none"> • If yes, are you willing to deliver presentation at the workshop? 	<ul style="list-style-type: none"> •
	<ul style="list-style-type: none"> • If you cannot participate in the workshop, would you please describe the reasons? 	<ul style="list-style-type: none"> •
	<ul style="list-style-type: none"> • If you cannot deliver presentation in the workshop, would you please describe the reasons? 	<ul style="list-style-type: none"> •

Appendix 2b: Questionnaire for Key Informant Interviews with the Executing Agencies of JICA-Assisted Large-Scale Infrastructure ODA Projects

Key Discussion Points	Questions	Answers/Recommendations
Project Information	<ul style="list-style-type: none"> • Would you please provide brief information regarding the Project? 	•
	<ul style="list-style-type: none"> • Would you please provide information regarding management structure of your organization for HIV/AIDS/STIs Prevention and Control activities in the Project? 	•
	<ul style="list-style-type: none"> • Would you please provide information regarding human resources (e.g., number, roles and responsibilities, etc.) involved in HIV/AIDS/STIs Prevention and Control activities in the Project? 	•
HIV/AIDS/STIs Prevention and Control Activities in Infrastructure Sector	<ul style="list-style-type: none"> • Would you please describe your past, present, and future HIV/AIDS/STIs Prevention and Control activities (type of interventions, target areas, target groups and beneficiaries, duration, budget, etc.) in infrastructure sector? 	•
Coordination with other relevant agencies/organizations for HIV/AIDS/STIs Prevention and Control Activities in Infrastructure Sector	<ul style="list-style-type: none"> • Would you please provide information regarding level and mechanisms of coordination with other relevant agencies/organizations for HIV/AIDS/STIs Prevention and Control activities in infrastructure sector? 	•
	<ul style="list-style-type: none"> • Would you please describe your experience with international development partners in implementing HIV/AIDS/STIs Prevention and Control activities in infrastructure sector? 	•
	<ul style="list-style-type: none"> • Would you please prioritize problems/issues in working with international development partners in implementing HIV/AIDS/STIs Prevention and Control activities in infrastructure sector? 	•
Capacity Assessment	<ul style="list-style-type: none"> • Would you please describe strengths of your organization for providing HIV/AIDS/STIs Prevention and Control activities in infrastructure sector? 	•

Key Discussion Points	Questions	Answers/Recommendations
	<ul style="list-style-type: none"> • Would you please describe weaknesses of your organization for providing HIV/AIDS/STIs Prevention and Control activities in infrastructure sector? 	<ul style="list-style-type: none"> •
	<ul style="list-style-type: none"> • Would you please prioritize your problems/issues in implementing HIV/AIDS/STIs Prevention and Control activities in infrastructure sector? 	<ul style="list-style-type: none"> •
	<ul style="list-style-type: none"> • Would you please describe your methods for solving problems/issues in implementing HIV/AIDS/STIs Prevention and Control activities in infrastructure sector? 	<ul style="list-style-type: none"> •
	<ul style="list-style-type: none"> • Do you think your organization is capable to provide effective and sustainable HIV/AIDS/STIs Prevention and Control activities in infrastructure sector? 	<ul style="list-style-type: none"> •
	<ul style="list-style-type: none"> • If not, what type of capacity building do you need? 	<ul style="list-style-type: none"> •
<p>Recommendations for improving implementation of HIV/AIDS/STIs Prevention and Control Activities in Infrastructure Sector</p>	<ul style="list-style-type: none"> • What are your recommendations for improving implementation of HIV/AIDS/STIs Prevention and Control activities in infrastructure sector? 	<ul style="list-style-type: none"> •
<p>Roles and Responsibilities in HIV/AIDS/STIs Prevention and Control activities in the Project</p>	<ul style="list-style-type: none"> • What are your roles and responsibilities in HIV/AIDS/STIs Prevention and Control activities in the Project? 	<ul style="list-style-type: none"> •
<p>Participation in Workshop at Hanoi</p>	<ul style="list-style-type: none"> • Is it possible for your organization to participate in workshop hold at Hanoi by the Study Team of this Study? 	<ul style="list-style-type: none"> •
	<ul style="list-style-type: none"> • If yes, are you willing to deliver presentation at the workshop? 	<ul style="list-style-type: none"> •
	<ul style="list-style-type: none"> • If you cannot participate in the workshop, would you please describe the reasons? 	<ul style="list-style-type: none"> •
	<ul style="list-style-type: none"> • If you cannot deliver presentation in the workshop, would you please describe the reasons? 	<ul style="list-style-type: none"> •

Appendix 2c: Questionnaire for Key Informant Interviews with Service Providers of JICA-Assisted Large-Scale Infrastructure ODA Projects

Key Discussion Points	Questions	Answers/Recommendations
Project Information	<ul style="list-style-type: none"> • Would you please provide information regarding management structure of your organization for HIV/AIDS/STIs Prevention and Control activities in the Project? 	•
	<ul style="list-style-type: none"> • Would you please provide information regarding human resources (number, roles and responsibilities, etc.) involved in HIV/AIDS/STIs Prevention and Control activities in the Project? 	•
HIV/AIDS/STIs Prevention and Control Activities in Infrastructure Sector	<ul style="list-style-type: none"> • Would you please describe your past, present, and future HIV/AIDS/STIs Prevention and Control activities (type of interventions, target areas, target groups and beneficiaries, duration, budget, etc.) in infrastructure sector? 	•
HIV/AIDS/STIs Prevention and Control Activities in the Project	<ul style="list-style-type: none"> • Would you please provide details (Overall Goal, Specific Objectives, Target Areas, Target Groups and Beneficiaries, Duration, Implementation System, Monitoring and Evaluation and Reporting System, Cost Norms and Estimation, etc.) for HIV/AIDS/STIs Prevention and Control activities in the Project? 	•
	<ul style="list-style-type: none"> • Would you please provide details for target groups-based HIV/AIDS/STIs Prevention and Control activities (e.g., HIV/AIDS Assessment for the Project Areas; Advocacy and Capacity Building Interventions; HIV/STIs Prevention Education Campaigns; Peer Education Training and Peer Education; Edutainment Events; Distribution and Promotion of Condom Use; VCT of HIV and Counseling, Testing, and Treatment of STIs; etc.) in the Project? 	•
Coordination with other relevant agencies/organizations for HIV/AIDS/STIs Prevention and Control	<ul style="list-style-type: none"> • Do you coordinate with other relevant agencies/organizations for HIV/AIDS/STIs Prevention and Control activities in the Project? 	•

Key Discussion Points	Questions	Answers/Recommendations
Activities in the Project	<ul style="list-style-type: none"> Do you coordinate with leaders of surrounding communities for HIV/AIDS/STIs Prevention and Control activities in the Project? 	•
	<ul style="list-style-type: none"> If yes, what are the levels and mechanisms of such coordination? 	•
	<ul style="list-style-type: none"> If no, what are the reasons for not having coordination? 	•
Capacity Assessment	<ul style="list-style-type: none"> Would you please describe your strengths for providing HIV/AIDS/STIs Prevention and Control activities in the Project? 	•
	<ul style="list-style-type: none"> Would you please describe your weaknesses for providing HIV/AIDS/STIs Prevention and Control activities in the Project? 	•
	<ul style="list-style-type: none"> Would you please describe problems/issues in implementing HIV/AIDS/STIs Prevention and Control activities in the Project? 	•
	<ul style="list-style-type: none"> Would you please describe your methods for solving problems/issues in implementing HIV/AIDS/STIs Prevention and Control activities in the Project? 	•
Recommendations for improving implementation of HIV/AIDS/STIs Prevention and Control Activities in Infrastructure Sector	<ul style="list-style-type: none"> What are your recommendations for improving implementation of HIV/AIDS/STIs Prevention and Control activities in infrastructure sector? 	•
Roles and Responsibilities for HIV/AIDS/STIs Prevention and Control in the Projects	<ul style="list-style-type: none"> What are your roles and responsibilities in HIV/AIDS/STIs Prevention and Control activities in the Project? 	•
Participation in Workshop at Hanoi	<ul style="list-style-type: none"> Is it possible for your organization to participate in workshop hold at Hanoi by the Study Team of this Study? 	•
	<ul style="list-style-type: none"> If yes, are you willing to deliver presentation at the workshop? 	•
	<ul style="list-style-type: none"> If you cannot participate in the workshop, would you please describe the reasons? 	•
	<ul style="list-style-type: none"> If you cannot deliver presentation in the workshop, would you please describe the reasons? 	•

Appendix 2d: Questionnaire for Key Informant Interviews with International Development Partners/NGOs/Mass Organizations/PLHIV Groups

Key Discussion Points	Questions	Answers/Recommendations
HIV/AIDS/STIs Prevention and Control activities	<ul style="list-style-type: none"> • Would you please describe your past, present, and future HIV/AIDS/STIs Prevention and Control activities (type of interventions, target areas, target groups and beneficiaries, duration, budget, etc.)? 	•
	<ul style="list-style-type: none"> • Would you please describe problems/issues in implementing HIV/AIDS/STIs Prevention and Control activities? 	•
	<ul style="list-style-type: none"> • Would you please describe your methods for solving problems/issues in implementing HIV/AIDS/STIs Prevention and Control activities? 	•
Coordination with other relevant agencies/organizations for HIV/AIDS/STIs Prevention and Control activities	<ul style="list-style-type: none"> • Would you please provide information regarding level and mechanisms of coordination with other relevant agencies/organizations for HIV/AIDS/STIs Prevention and Control activities? 	•
Recommendations for improving HIV/AIDS/STIs Prevention and Control activities in Infrastructure Sector	<ul style="list-style-type: none"> • What are your recommendations for improving HIV/AIDS/STIs Prevention and Control activities in infrastructure sector? 	•
Possible Roles and Responsibilities in HIV/AIDS/STIs Prevention and Control activities in a JICA-Assisted Large-Scale Infrastructure ODA Project in Vietnam	<ul style="list-style-type: none"> • What should be your possible roles and responsibilities in HIV/AIDS/STIs Prevention and Control activities in a JICA-Assisted Large-Scale Infrastructure ODA Project in Vietnam? 	•
Participation in workshop at Hanoi	<ul style="list-style-type: none"> • Is it possible for your organization to participate in workshop hold at Hanoi by the Study Team of this Study? 	•
	<ul style="list-style-type: none"> • If you cannot participate in the workshop, would you please describe the reasons? 	•
	<ul style="list-style-type: none"> • If yes, what are your recommendations for establishing such relationships? 	•
	<ul style="list-style-type: none"> • If not, would you please describe the reasons for not establishing such kind of relationships? 	•

Appendix 3: Contact Information of Relevant Key Stakeholders

As of November 2011

NAME/POSITION	CONTACT
Relevant Government Agencies/Organizations	
VAAC, MOH	
Dr. Nguyen Thanh Long Director	Address: Lane 135/3 Nui Truc Street, Ba Dinh District, Hanoi T/F: +84-4-3736-7143 M: +84-91-323-0679 F: +84-4-3846-5732 E: longvaac@gmail.com
Hanoi HIV/AIDS Preventive Center	
Dr. Le Nhan Tuan Director	Address: 86, Tho Nhuom Street, Hoan Kiem District, Hanoi T: +84-4-3942-9140 M: +84-91-322-8966 F: +84-4-3822-1526 E: lenhantuan@yahoo.com
TRACOHE, Bureau of Transportation Health, MOT	
Dr. Pham Tung Lam Director	Address: 73 Yen Ninh Street, Ba Dinh District, Hanoi T/F: +84-4-3734-3153 M: +84-91-350-4779 E: tunglamtytld@gmail.com
Railway Health Center, MOT	
Mr. Pham Van Hung Director	Address: 23B, Quan Thanh Street, Hanoi T: +84-4-3843-0720 M: +84-91-324-8430 F: +84-4-3733-8261 E: phamvanhung6@gmail.com
Construction Hospital, MOC	
Ms. Le Thi Hang Director	Address: A area, Nguyen Quy Duc Street, Thanh Xuan Bac, Thanh Xuan, Hanoi T: +84-4-3854-6359 M: +84-91-334-9721 F: +84-43854-1013 E: hang.bvxd@yahoo.com
Department for Social Evils Prevention, MOLISA	
Mr. Tran Xuan Nhat Head International Cooperation and Personnel Division	Address: 12, Ngo Quyen Street, Hoan Kiem District, Hanoi T: +84-4-3824-1696 M: +84-91-351-8599 F: +84-4-3826-7099 E: txnhat2006@yahoo.com
AIDS Committee HCMC	
Dr. Nguyen Xuan Anh Dzung Chief of Prevention and Implementation Department	Address: 121 Ly Thang Street, District 3, HCMC T: +84-8-39305573 Ext. 215 M: +84-90-997-5279 OR +84-92-399-2279 F: +84-8-39305572 E: xuandzungpac@yahoo.com.vn
Relevant Stakeholders of JICA-Assisted Large-Scale Infrastructure ODA Projects	
New National Highway No. 3 and Regional Road Network Construction Project	
Executing Agency: PMU No. 2, MOT	
Mr. Cao Viet Hung Director of PID5 In-charge of NH 3	Address: 18 Pham Hung Street, Hanoi T: +84-4-3768-0061 M: +84-91-320-4215 F: +84-4-3768-1975 E: hunycv@yahoo.com
Nhat Tan Bridge Construction Project (II)	
Executing Agency: PMU No. 85, MOT	

NAME/POSITION	CONTACT
Mr. Nguyen Thanh Van Project Manager	Address: Block B, 98 To Ngoc Van Street, Tay Ho District, Hanoi T: +84-4-6258-0290 M: +84-97-448-6699 F: +84-4-6258-0272 E: bqlda85@fpt.vn
Cai Mep-Thi Vai International Port Construction Project	
Executing Agency: PMU No. 85, MOT	
Mr. Nguyen Thanh Tra Project Manager	Address: Pham Van Dong Road, Group 3, Van Hanh Village, Phu My Town, Tan Thanh District, BR-VT Province T: +84-6-4392-3559 M: +84-98-500-1108 F: +84-6-4392-3560 E: bdhcmvt@gmail.com
Service Provider: TRACOHE, MOT for New National Highway No. 3 and Regional Road Network Construction Project, Nhat Tan Bridge Construction Project (II), and Cai Mep – Thi Vai International Port Construction Project	
Dr. Pham Tung Lam Director	Address: 73 Yen Ninh Street, Ba Dinh District, Hanoi T/F: +84-4-3734-3153 M: +84-91-350-4779 E: tunglamtytld@gmail.com
Hanoi City Ring Road No. 3 Construction Project	
Executing Agency: PMU Thang Long, MOT	
Mr. Pham Thanh Binh Deputy General Director	Address: Group 23, Linh Nam Ward, Hoang Mai District, Hanoi T: +84-4-3643-0209 M: +84-91-355-8641 F: +84-4-3643-0212 E: binhjica@yahoo.com
Service Provider: CDECC	
Mr. Nguyen Van Doan Deputy Director	Address: No. 55, Lane 116, Nguyen Xien Street, Thanh Xuan District, Hanoi T: +84-4-8586-1129 or +84-4-3552-5253 M: +84-91-301-5663 F: +84-4-3854-8905 E: cdecc@vnn.vn or cdecc.vietnam@gmail.com
Hanoi City Urban Railway Construction Project (Line 1)	
Executing Agency: RPMU, Vietnam Railways, MOT	
Mr. Nguyen Nam Thai Deputy Chief of Project Implementation Department No. 3	Address: 95-97 Le Duan, Hanoi T: +84-4-3942-1470 M: +84-98-311-8323 F: +84-4-3942-0144 E: nnamthai@yahoo.com
Service Provider: VINAFFPA	
Dr. Nguyen Thien Truong President	Address: 2 Le Duc Tho Street, Cau Giay District, Hanoi T: +84-4-3764-8128 M: +84-91-320-1147 F: +84-4-3764-8090 E: vinafpa@hn.vnn.vn
Second Ho Chi Minh City Water Environment Improvement Project (II)	
Executing Agency: UCCI, Peoples Committee of HCMC	
Mr. Luong Minh Phuc Director	Address: No. 3 Nguyen Thi Dieu Street, District 3, HCMC T: +84-8-3930-0530 M: +84-91-860-4240 F: +84-8-3930-6638 E: anhphucpl@yahoo.com
Service Provider Not Employed Yet	

NAME/POSITION	CONTACT
Hanoi City Urban Railway Construction Project	
Executing Agency: Hanoi City Urban Metropolitan Railway Transport Project Board	
Mr. Ho Thanh Son Director of PID 2	Address: #8 Ho Xuan Huong, Hanoi T: +84-4-394-4516 M: +84-91-322-2763 E: duan2.hrb@gmail.com
Service Provider: Not Employed Yet	
Ho Chi Minh City Urban Railways Construction Project	
Executing Agency: Ho Chi Minh City Railways PMU	
Mr. Hoang Nhu Cuong Vice Chairman	Address: #29 Le Quy Don, Ho Chi Minh City T: +84-8-3512-9992 M: +84-90-366-6678 E: hoangnhucuong@yahoo.com
Service Provider: Not Employed Yet	
Hoa Lac High Tech Park Infrastructure Development Project	
Executing Agency: Hoa Lac High Tech Park, Ministry of Science and Technology (MOST)	
Mr. Tran Quang Tien Officer	Address: T: +84-4-3368-7410 M: +84-98-668-1810 E: tranquangtien10101987@gmail.com
Service Provider: Not Employed Yet	
Mass Organizations	
Hanoi Women Union	
Dr. Nguyen Minh Ha President	Address: 72 Quan Su, Hanoi T: +84-4-3822-1081 M: +84-90-411-7725 F: +84-4-3942-4304 E: minhha180@yahoo.com
Hanoi Youth Union	
Mr. Nguyen Van Truong Head	Address: 14 A, Phan Chu Trinh Street, Hoan Kiem District, Hanoi T: +84-4-3825-1589 M: +84-98-301-9577 E: hongdanthanhdoanhanoi@gmail.com
International Development Partners	
ADB	
Dr. Vincent De Wit Principal Health Specialist	Address: Units 701-706, Sun Red River Building, 23 Phan Chu Trinh Street, Hanoi T: +84-4-3933-1374 F: +84-4-3933-1373 E: vdewit@adb.org
ILO	
Mr. Seidy Ba Gassama Program Officer Youth and HIV/AIDS	Address: 48 – 50 Nguyen Thai Hoc Street, Hanoi T: +84-4-3734-0902 Ext. 302 M: +84-90-457-1649 F: +84-4-3734-0904 E: bagassama@ilo.org
IOM	
Ms. Ha Hue Chi Migration and Health Specialist	Address: R 701, 7th Floor, DMC Tower, 535 Kim Ma, Ba Dinh, Hanoi T: +84-4-3736-6258 Ext. 118 F: +84-4-3736-6259 E: CHIHA@iom.int
UNAIDS	
Mr. Eamonn Murphy Country Director	Address: No. 24, Lane 11, Trinh Hoai Duc Street, Hanoi T: +84-4-3734-2824 F: +84-4-3734-2825 E: MurphyE@unaids.org
World Bank	

NAME/POSITION	CONTACT
Ms. Nguyen Thi Mai Senior Operations Officer Population, Health, Nutrition	Address: 8th Floor, 63 Ly Thai To Street, Hanoi T: +84-4-3934-6600 Ext. 245 M: +84-90-341-9766 F: +84-4-3934-6597 E: nmai@worldbank.org
INGOs	
CARE Vietnam	
Mr. Neil Poetschka Health Program Coordinator	Address: 6th Floor, 66 Xuan Dieu, Tay Ho, Hanoi T: +84-4-3716-1930 M: +84-123-603-0026 F: +84-4-3716-1935 E: neil@care.org.vn
DKT Vietnam	
Mr. Carlos Ferreros Country Director	Address: 6th Floor, Intracom Building, Lot C2F, Handicraft Soft Industrial Manufacturing Area, Prolonged Nguyen Phong Sac Street, Cau Giay District, Hanoi T: +84-4-3795-0788 F: +84-4-3795-0789 E: cferre@attglobal.net
FHI 360 Vietnam	
Dr. Stephen Mills Country Director	Address: 7th Floor, Hanoi Tourist Building, 18 Ly Thuong Kiet Street, Hoan Kiem District, Hanoi T: +84-4-3934-8560 M: +84-90-345-6399 F: +84-4-3934-8650 E: Steve@fhi.org.vn
Local NGOs	
CCIHP	
Mr. Nguyen Hung Minh Director	Address: 2, Lane 49/41, Huynh Thuc Khang Street, Dong Da, Hanoi T: +84-4-3577-0261 M: +84-91-309-2928 F: +84-4-3577-0260 E: minh@cihp.org
CEPHAD	
Ms. Nguyen Thi Bich Van Director	Address: 648 A Lac Loung Quan Street, Tay Ho, Hanoi T: +84-4-3716-8808 M: +84-91-331-8762 F: +84-4-6258-1426 E: office@cephad.org.vn
ISDS	
Dr. Le Bach Duong Director	Address: Phong 225, Entry 11, Toa CT5, Song Da, My Dinh, Hanoi T: +84-4-3782-0058 F: +84-4-3782-0059 E: duonglb@isds.org.vn
PLHIV Groups in Hanoi	
Bright Future Group	
Mr. Nguyen Kim Hung Head	Address: 7B, Lane 344, Ngoc Thuy Road – Ngoc Thuy Ward – Long Bien District, Hanoi T: +84-4-3872-4148/7149 M: +84-90-4542882 F: +84-4-3872-7927 E: vingaymaitshn@gmail.com
Milk Flower Group	

NAME/POSITION	CONTACT
Ms. Dao Phuong Thanh Head	Address: 46, Luong Su B Street, Quoc Tu Giam Ward, Dong Da District, Hanoi T: +84-4-3732-2472 M: +84-91-210-3156 E: daophuongthanh1968@gmail.com
Green Dream Group	
Ms. Nguyen Thi Dieu Hang Head	Address: Lane 208, Tam Trinh Road, Yen So Ward, Hoang Mai District, Hanoi M: +84-91-428-1081 E: uocmoxanhhoangmai@yahoo.com
PLHIV Groups in HCMC	
The Aspiration Group	
Mr. Nguyen Quang Trung Head	Address: 109/789 M, Nguyen Van Cong Street, Ward 3, Go Vap District, Ho Chi Minh City M: +84-91-371-4688 E: trungnguyen772003@yahoo.com
The Rising Group	
Mr. Nguyen Anh Tuan Head	Address: 62 D, Hung Vuong Street, Ward 1, District 10, Ho Chi Minh City M: +84-93-857-2694 E: tuanvuonlen@yahoo.com.vn
The Smiling Group	
Mr. Nguyen Minh Hieu Head	Address: 4/4 Quang Trung Street, Ward 10, Go Vap District, Ho Chi Minh City M: +84-90-701-2397 E: Minhhieu1310@gmail.com

Appendix 4: Overall Objective, Specific Objectives, Priorities, Action Programs, and Difficulties and Challenges of the National Strategy on HIV/AIDS Prevention and Control in Vietnam till 2010 with a Vision to 2020

Overall Objective

The overall objective of the National Strategy is to keep the HIV/AIDS prevalence rate among the general population below 0.3% by 2010 with no further increase and to reduce the adverse impacts of HIV/AIDS on socioeconomic development.

Specific Objectives

- 100% of units and localities across the country shall incorporate HIV/AIDS prevention and control activities as one of priority objectives into their social-economic development programs;
- To raise people's knowledge about prevention of HIV/AIDS transmission; 100% of people living in urban areas and 80% of people living in rural and mountainous areas shall be able to correctly understand and identify ways of preventing HIV/AIDS transmission;
- To control HIV/AIDS transmission from high-risk groups to the community through implementing comprehensive harm reduction intervention measures: all people with behaviors at HIV/AIDS infection risk shall be covered by intervention measures; 100% of safe injections and condom use when having risky sex;
- To ensure appropriate care and treatment for HIV/AIDS infected people: 90% of HIV/AIDS infected adults, 100% of HIV/AIDS infected pregnant mothers, 100% of HIV/AIDS infected or affected children shall be managed and provided with appropriate treatment, care and counseling, and 70% of AIDS patients shall be treated with specific drugs;
- To perfect the management, monitoring, surveillance and evaluation systems for the HIV/AIDS prevention and control program: 100% of the provinces and cities shall be able to self-evaluate and self-project the situation of development of HIV/AIDS infection in their localities; 100% of HIV testing shall be compliant with the regulations on voluntary testing and counseling; and
- To prevent HIV/AIDS transmission through medical services: ensuring 100% of blood units and products at all levels shall be screened for HIV before transfusion; 100% of health centers shall strictly follow the regulations on sterilization, disinfections for HIV/AIDS transmission prevention;

Priorities

- Intensifying behavioral change information, education and communication and collaborating with other related programs to prevent and reduce HIV/AIDS transmission;
- Stepping up harm reduction intervention measures;
- Promoting counseling, care and treatment for HIV/AIDS infected people; and
- Strengthening the program management, monitoring, supervision and evaluation capabilities.

Action Programs

1. Behavioral Change IEC Program in HIV/AIDS prevention and control in coordination with the drug and prostitution prevention and control programs to prevent HIV/AIDS transmission.
2. HIV/AIDS Harm Reduction Intervention and Transmission Prevention Program.
3. Care and Support for HIV/AIDS infected People Program.
4. HIV/AIDS Surveillance and Monitoring and Evaluation Program.
5. Access to HIV/AIDS Treatment Program.
6. Prevention of Mother-to-Child HIV/AIDS Transmission Program.
7. Sexually Transmitted Infections Management and Treatment Program.
8. Blood Transfusion Safety Program.
9. HIV/AIDS Prevention and Control Capacity and International Cooperation Enhancing Program.

Difficulties and Challenges

The Strategy recognized the following difficulties and challenges:

Difficulties and Challenges in Management

- In some localities administration has not paid due attention to the direction of HIV/AIDS prevention and control.
- The system of legal documents on HIV/AIDS prevention and control still has some provisions slow to be amended and supplemented, resulting in the reduced effectiveness of their enforcement.
- There is increasing stigma and discrimination against people living with HIV and AIDS (PLWHA) at all level, thereby greatly hampering HIV/AIDS prevention activities and providing care for PLWHA.
- Harm reduction interventions, such as exchange of clean syringes and needles among IDUs or condom use by sex workers, have not been implemented on a large scale.
- Government organizations involved in HIV/AIDS prevention and control still lack adequate personnel. Most of the current staff engaged in HIV/AIDS prevention and control employed on a part time basis.

Difficulties and Challenges in IEC

- Remote areas are not adequately covered and not all high-risk groups are reached.
- Communication activities are often didactic in nature. As such behavior change and reduction in stigma and discrimination remains limited.
- Many leaders and staff engaged in HIV/AIDS prevention and control activities have not been provided with updated information or regulations on HIV/AIDS thus limiting the effectiveness of the prevention program.

Difficulties and Challenges in Technical Activities

- HIV/AIDS Surveillance
 - The testing capability is at a low level and can not diagnose whether or not infants are infected with HIV.
 - VCT is not systematically organized due to the absence of specific regulations and guidance.

- The effectiveness of HIV/AIDS prevention and control programs has not been accurately evaluated.
- Medical equipment for testing HIV/AIDS are adequate and the testing of HIV/AIDS in the private facilities needs to be reviewed and regulated.
- Blood Transfusion Safety
 - Techniques used for screening infectious diseases are still at a low, and at present, about 80% of blood transfusion establishments nationwide can only handle simple screening techniques.
 - Blood donation drives have been carried out in only some larger provinces and cities while blood donations remain very limited in other localities. There is also no blood bank, insufficient blood for treatment, and no reserve blood for emergencies.
- Treatment
 - With a limited budget the national AIDS prevention and control program provides approximately VND 4 billion annually which purchases drugs for about 50 AIDS patients and for health workers who have been exposed to HIV/AIDS in occupational accidents or risks, and for providing of opportunistic infections for a number of patients.
- Prevention to Mother-to-Child Transmission
 - The situation of abandoned HIV positive children has become an alarming issue.
- Prevention and Control of STIs
 - The STIs surveillance system was only established in 2003 and, therefore, epidemiological data remain limited.
 - Programs on integrating HIV/AIDS prevention with STIs prevention have been implemented in only large provinces.
- Community Based Management of Care and Counseling for PLWHA
 - The attitude of the society, community, workplace and family toward PLWHA remain negative which makes their community reintegration very difficult.
 - Many issues have arisen in the management of HIV positive people in Rehabilitation Centers (05 and 06 camps), prisons, temporary detentions camps and reformatories. These issues need examination.
 - Ensuring social support for PLWHA in the community, such as tackling stigma and discrimination, creation of jobs, etc., has not received adequate attention from government authorities at all levels.

Difficulties and Challenges in International Cooperation

- Because of an inappropriate use of resources, most international cooperation activities are fragmented, insufficient and do not live up to requirements.

Difficulties and Challenges in Finance

- Budget allocations are scattered and fragmented leading to many inadequacies and inefficiencies in HIV/AIDS prevention and control activities.
- The budget is below the demand. According to estimates in 2002, the budget was VND 92 billion, including State budget allocations, local administrations' budgets and foreign

aid sources. This budget is not sufficient for HIV/AIDS prevention and control activities in Vietnam.

Appendix 5: Institutions Established for HIV/AIDS Prevention and Control in Vietnam

In 1987 the Sub-Committee for AIDS Prevention and Control was set up under the Committee for Prevention and Control of Communicable Diseases under the management of the National Institute of Hygiene and Epidemiology.

In 1990 the NAC was established under the MOH to guide national HIV/AIDS prevention and care policies and planning. The Epidemic Prevention Department in the MOH acted as a standing bureau. The NAC, headed by the Minister of Health, consisted of ten member ministries, the Tourism Department and five mass organizations. The Provincial AIDS Committees (PACs) were also established in all provinces to carry out HIV/AIDS activities under guidance of the NAC.

In 1994 the NAC was upgraded and separated from MOH and put under the supervision of the Deputy Prime Minister with the participation of 16 ministries and ministerial level agencies. MOH acted as the standing agency.

In 1995 the Department of AIDS Prevention under the MOH and Sub-Departments under the PHDs were established. The Department of AIDS Prevention was led by the Vice Minister of Health. The task of the Department of AIDS Prevention was to assist the Minister of Health in managing, instructing and implementing AIDS prevention initiatives nationwide.

Based on detailed epidemiological data, the NCADP was established in 2000. NCADP was chaired by the Deputy Prime Minister. NCADP included 18 cabinet ministries, sociopolitical organizations and central agencies. The National AIDS Standing Bureau (NASB) was established to act as the secretariat for the NCADP. PACs were renamed as Provincial AIDS Standing Bureaus (PASBs) under the PHDs.

In 2003 the NASB was merged with the Preventive Medicine Department to become the General Department of Preventive Medicine and HIV/AIDS Control under the MOH.

In May 2005 the VAAC was established in the MOH.

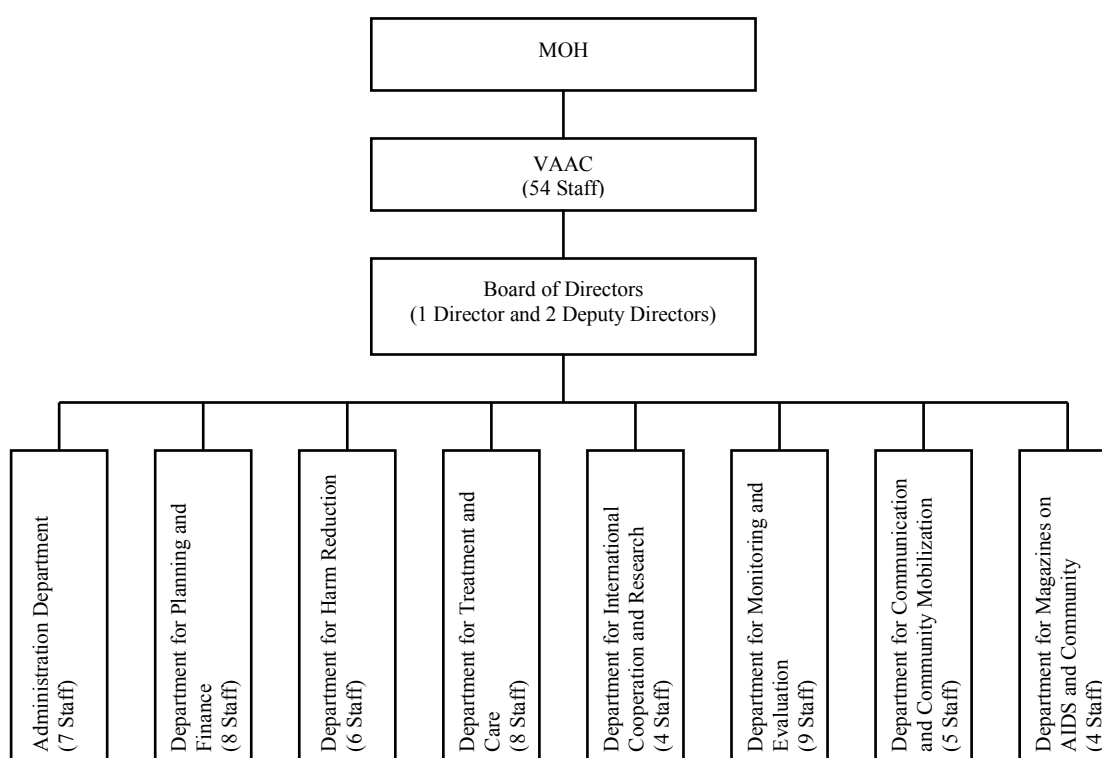
Appendix 6: Some Important Institutions for HIV/AIDS Prevention and Control in Vietnam

(1) VAAC, MOH

Brief Introduction of VAAC

VAAC was established in 2005 by Prime Minister's Decision No. 432/QD-TTg dated 20 May 2005 to serve as a secretariat of National Committee for AIDS, Drugs, and Prostitution Prevention and Control (NCADP) to implement HIV/AIDS Prevention and Control activities nationwide. VAAC is administered by the Board of Directors comprising one Director and two Deputy Directors and has eight Departments with a total staff of 54.

Organization Structure and Human Resources of VAAC



Key Roles and Responsibilities for HIV/AIDS/STIs Prevention and Control

- Implementation of HIV/AIDS/STIs Prevention and Control activities including IEC/BCC Campaigns; Harm Reduction Programs; VCT of HIV and Counseling, Testing, and Treatment of STIs; Care, Support, and Treatment of AIDS; etc.
- Preparation of IEC/BCC materials for various target groups in Vietnamese.
- Community Mobilization for HIV/AIDS/STIs Prevention and Control.
- Publication of Magazines on AIDS and Community.
- Capacity Building of relevant agencies/organizations including NGOs.
- Monitoring and evaluation of HIV/AIDS/STIs Prevention and Control activities.
- Preparation of strategies, policies, laws, and regulations for HIV/AIDS/STIs Prevention and Control.

- Organization of numerous HIV/AIDS/STIs Prevention and Control related surveys, estimations and projections, studies, research, training, conferences, seminars, workshops, etc.
- Cooperation with international agencies/organizations for HIV/AIDS/STIs Prevention and Control in Vietnam.

Main Strengths for HIV/AIDS/STIs Prevention and Control

- Extensive experience and comprehensive nationwide network in implementing HIV/AIDS/STIs Prevention and Control activities nationwide for general public.
- Comprehensive various kinds of databases, statistics, estimations and projections, materials, etc.
- Extensive experience for working with international development partners, NGOs, and private sector.
- Effective support and cooperation from public/private agencies/organizations from central level to grassroots levels in implementing HIV/AIDS/STIs Prevention and Control activities.
- Sustainable regular funding from the MOH.

Main Weaknesses for HIV/AIDS/STIs Prevention and Control

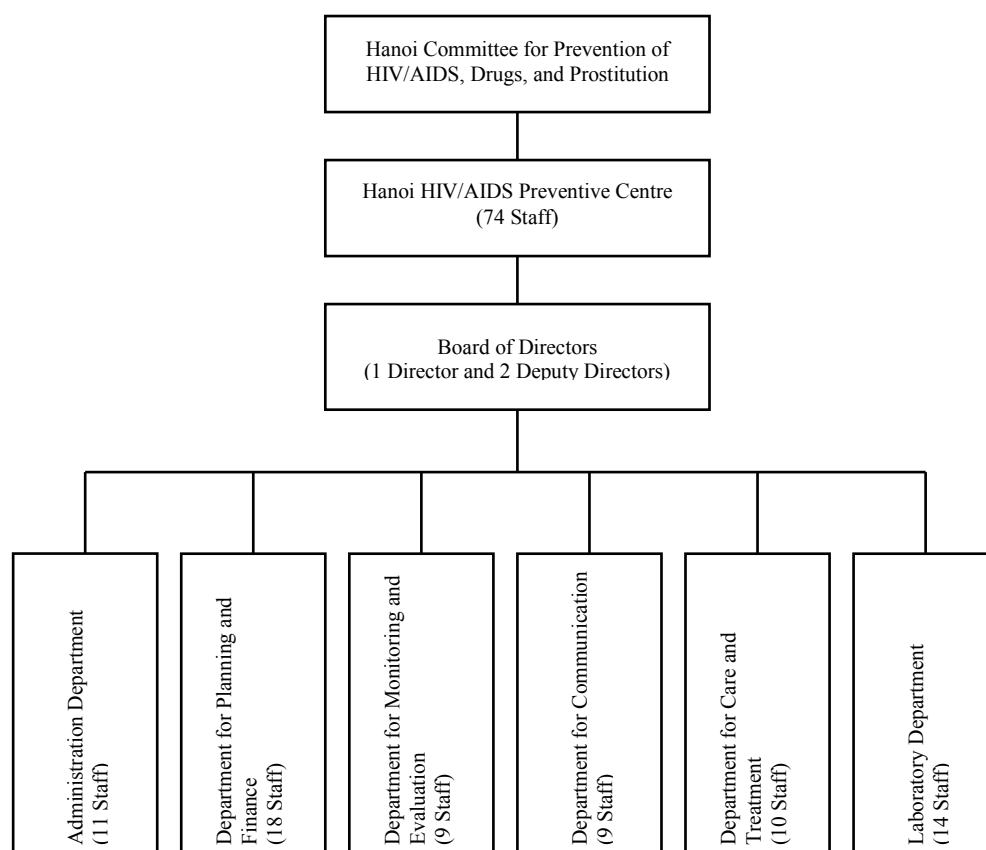
- Limited experience in implementing HIV/AIDS/STIs Prevention and Control activities for construction workforce involved in infrastructure projects.
- Lack of staff as compared to needs and very often transfers to other departments or medical institutions of the MOH.
- Lack of financial resources as compared to needs.

(2) Hanoi HIV/AIDS Preventive Center

Brief Introduction of Hanoi HIV/AIDS Preventive Center

Hanoi HIV/AIDS Preventive Centre is under management of Hanoi Committee for Prevention of HIV/AIDS, Drugs, and Prostitution and is responsible for implementing HIV/AIDS Prevention and Control activities in Hanoi City. Hanoi HIV/AIDS Preventive Center is administered by the Board of Directors comprising one Director and two Deputy Directors and has six Departments with a total staff of 74.

Organization Structure and Human Resources of Hanoi HIV/AIDS Preventive Center



Key Roles and Responsibilities for HIV/AIDS/STIs Prevention and Control

- Advocacy for political leaders.
- Preparation of IEC/BCC materials for various target groups in Vietnamese.
- Implementation of Behavioral Change IEC Program in HIV/AIDS Prevention and Control in coordination with the Drug and Prostitution Prevention and Control Programs to prevent HIV/AIDS transmission; HIV/AIDS Harm Reduction Intervention and Transmission Prevention Programs; Care and Support for HIV/AIDS Infected People Program; Access to HIV/AIDS Treatment Program; Prevention of Mother-to-Child Transmission (PMTCT) Program; STIs Management and Treatment Program; Blood Transfusion Safety Program; and HIV/AIDS Prevention and Control Capacity and International Cooperation Enhancing Program.
- Monitoring and evaluation of HIV/AIDS Prevention and Control activities.

Main Strengths for HIV/AIDS/STIs Prevention and Control

- Extensive experience in implementing HIV/AIDS Prevention and Control activities, especially for high-risk groups including sex workers, IDUs, men who have sex with men (MSM), mobile workers, truck drivers, etc.
- Effective support and cooperation from public/private agencies/organizations from central level to grassroots levels in implementing HIV/AIDS Prevention and Control activities.
- Sustainable regular funding from the Government.

Main Weaknesses for HIV/AIDS/STIs Prevention and Control

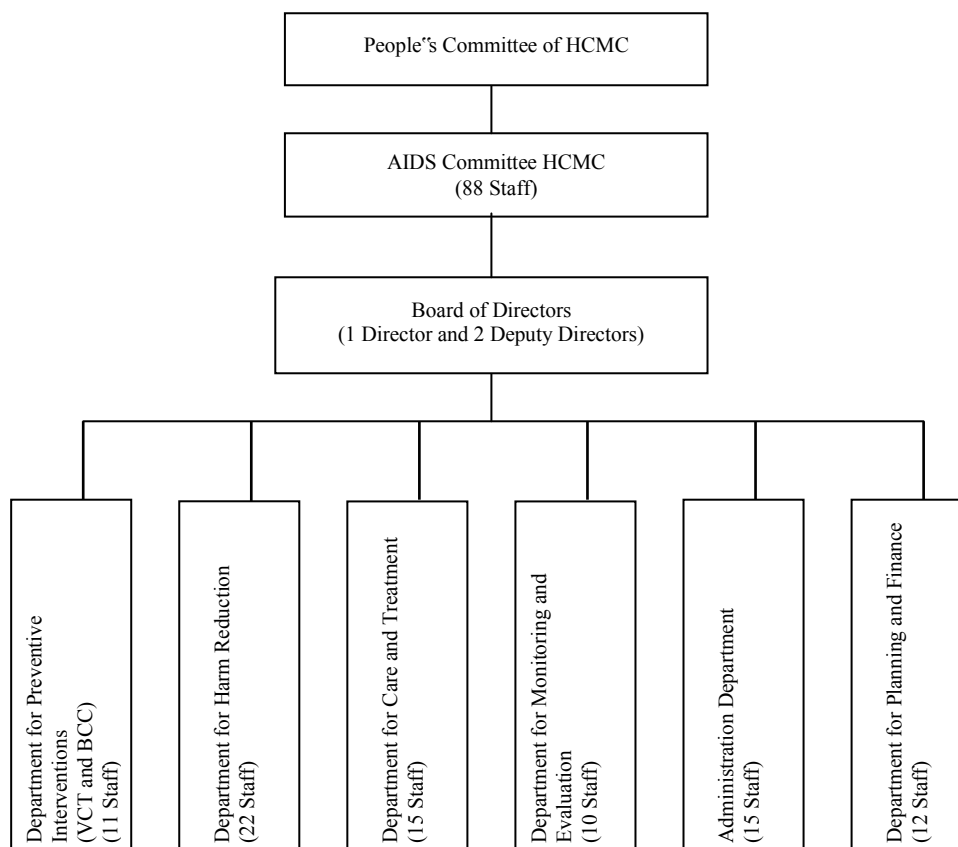
- Lack of staff as compared to needs.
- Lack of equipment for VCT of HIV and AIDS/STIs treatment drugs as compared to needs.
- Lack of medical staff for VCT of HIV and support, care, and treatment of AIDS/STIs as compared to needs.
- Lack of equipment (e.g., computer, etc.) as compared to needs.
- Lack of financial resources as compared to needs.

(3) AIDS Committee HCMC

Brief Introduction of AIDS Committee HCMC

AIDS Committee HCMC was established in 1990 under management of People's Committee of HCMC to implement HIV/AIDS/STIs Prevention and Control in HCMC. AIDS Committee HCMC is administered by the Board of Directors comprising one Director and two Deputy Directors and has six Departments with a total staff of 88.

Organization Structure and Human Resources of AIDS Committee HCMC



Key Responsibilities on HIV/AIDS Prevention

- Advocacy and Capacity Building interventions.
- Preparation of IEC/BCC materials for various target groups in Vietnamese.
- Implementation of Behavioral Change IEC Program in HIV/AIDS Prevention and Control in coordination with the Drug and Prostitution Prevention and Control Programs to prevent HIV/AIDS transmission; HIV/AIDS Harm Reduction Intervention and Transmission Prevention Programs; Care and Support for HIV/AIDS Infected People Program; Access to HIV/AIDS Treatment Program; PMTCT Program; STIs Management and Treatment Program; Blood Transfusion Safety Program; and HIV/AIDS Prevention and Control Capacity and International Cooperation Enhancing Program.
- Monitoring and evaluation of HIV/AIDS Prevention and Control activities.

Main Strengths for HIV/AIDS/STIs Prevention and Control

- Extensive experience in implementing HIV/AIDS Prevention and Control activities, especially for high-risk groups including sex workers, IDUs, MSM, mobile workers, truck drivers, etc.
- Effective support and cooperation from public/private agencies/organizations from central level to grassroots levels in implementing HIV/AIDS Prevention and Control activities.
- Sustainable regular funding from the GOV.

Main Weaknesses for HIV/AIDS/STIs Prevention and Control

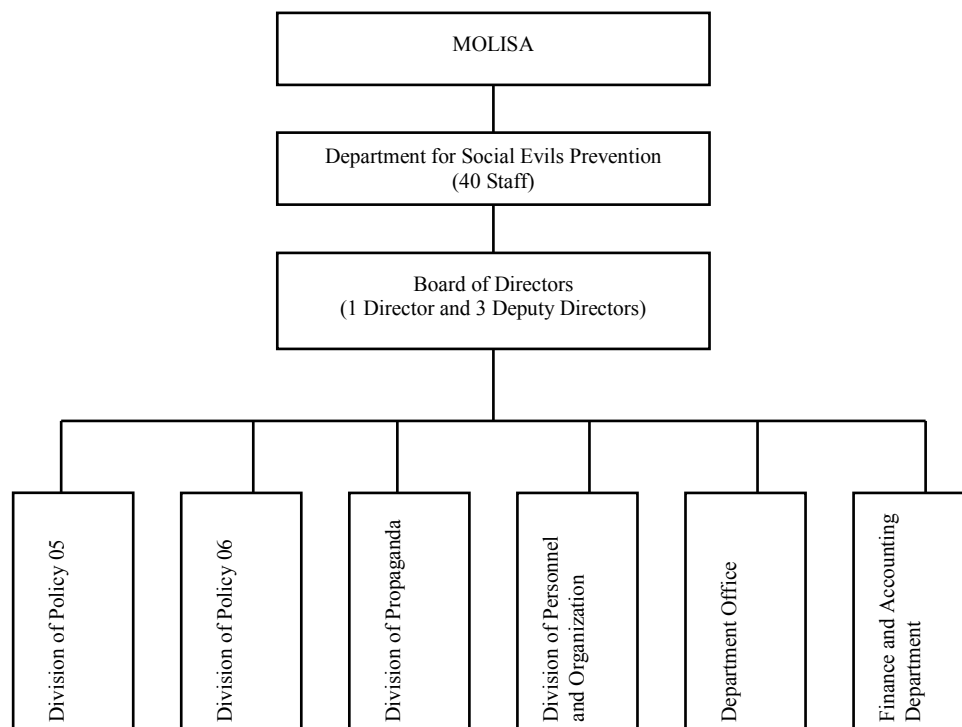
- Limited experience in implementing HIV/AIDS/STIs Prevention and Control activities for construction workforce involved in infrastructure projects.
- Limited experience for development of IEC/BCC materials.
- Limited knowledge and experience on Harm Reduction.

(4) Department for Social Evils Prevention, MOLISA

Brief Introduction of Department for Social Evils Prevention

Department for Social Evils Prevention of MOLISA is responsible for prevention of social evils (a range of activities considered harmful to social order including prostitution and drug use). The Government Decree No. 87/CP dated 12 December 1995 empowers the local police and Department for Social Evils Prevention of MOLISA to check, inspect, fine, and imprison those involved in prostitution and drug use. Under the Ordinance on Administrative Violation 04/2008/PL-UBTVQH12, prostitution and drug use are administrative violations and result in detention for up to two years in 05/06 Centers managed by the MOLISA. These Centers are referred as 05 for female sex workers and 06 for drug users. Decision 96/2007/QD-TTg of the Prime Minister covers the provision of HIV prevention, treatment, and care services in correctional settings, including prisons and 05/06 Centers. Department for Social Evils Prevention of MOLISA is administrated by the Board of Directors comprising of one Director and three Deputy Directors and has six Divisions with a total staff of 40.

Organization Structure and Human Resources of Department for Social Evils Prevention



Key Roles and Responsibilities for HIV/AIDS/STIs Prevention and Control

- Prevention of prostitution and drug use.
- Provision of HIV prevention knowledge, counseling and treatment to AIDS patients in 05/06 Centers.
- Preparation of strategies, policies, programs, and annual plans to prevent prostitution and drug use.

Main Strengths for HIV/AIDS/STIs Prevention and Control

- Experience on policy development on HIV prevention for Sex Workers and Injecting Drug Users (IDUs).
- Experience for developing IEC/BCC materials for sex workers and IDUs.
- Experience for providing HIV prevention knowledge and care and treatment for AIDS/STIs in 05/06 Centers to sex workers and IDUs.
- Experience for organizing HIV prevention programs in workplaces.

Main Weaknesses for HIV/AIDS/STIs Prevention and Control

- No experiences in implementing HIV/AIDS/STIs Prevention and Control for construction workforce and members of the surrounding communities of infrastructure projects.
- Limited experience for monitoring and evaluation of HIV/AIDS/STIs Prevention and Control activities.

Appendix 7: Government Legislations for HIV/AIDS Prevention and Control in Vietnam

In April 1988, the MOH issued a Circular, which was regarded as one of the very first policy development on HIV/AIDS. This was distributed to various Provincial Health Offices and institutions involved in HIV/AIDS Prevention and Control.

In August 1988, the MOH issued Decision No. 657/BYT/QD on Protection of People's Health including HIV/AIDS. The GOV developed both a Short-Term Plan (1989-90) and Medium-Term Plan (1991-93) on HIV/AIDS response.

In December 1990, the NAC issued Instruction No. 26/BYT/CT calling for immediate action to prevent HIV transmission.

In September 1992, the MOH issued Decision No. 937/BYT/QD on safe blood transfusion methods.

In December 1992, the GOV issued a Decree requiring HIV/AIDS testing for sex workers, IDUs, homosexuals, prisoners and certain travelers. Marriages to HIV-infected people were prohibited.

In March 1993, the MOH issued Decision No. 265/BYT/QD for dealing with HIV/AIDS.

In August 1993, the NAC developed the Second Medium-Term Plan and a National Strategic Plan for Prevention and Control of HIV/AIDS (1994-2000) which defined policies, strategies and priority interventions for HIV/AIDS Prevention and Control.

In March 1995, the Communist Party Central Committee's Secretariat issued Directive 52/CT/TW on revising leading HIV/AIDS Prevention and Control activities.

In May 1995, the Standing Committee of the IX National Assembly adopted an ordinance on HIV/AIDS Prevention and Control.

In December 1995, the GOV abolished recognizing HIV/AIDS as a social evil.

In June 1996, the GOV issued Decree No. 34/CP/ND for Guidance to implement HIV/AIDS Prevention and Control activities.

In December 1997, the Prime Minister issued Decision No. 1122/1997/QD-TTg on the tasks, authority and organizational structure of the NAC and other AIDS committees at different governmental levels and in different sectors.

In May 2000, the MOH issued Decision No. 145/2000/BYT/QD on providing guidance for HIV/AIDS diagnosis and treatment.

In March 2001, the NCADP launched "Directions for Work on HIV/AIDS Prevention and Control for the Period 2001-2005".

In March 2001, the GOV issued Decision No. 35/2001/QD-TTg approving the strategy for protection and care of the people's health during the period 2001-2010.

In December 2001, the GOV issued Decision No. 190/2001/QD-TTg approving the national target program to prevent and combat social diseases, dangerous epidemics and HIV/AIDS during the period 2001-2005.

In February 2003, the Prime Minister issued Decree No. 02/2003/CT-TTg on strengthening HIV/AIDS Prevention and Control.

In June 2003, the MOH issued Decision No. 2011/BYT/QD for establishment of the committee for the preparation of the access to AIDS drug treatment.

In December 2003, the GOV issued Decision No. 265/2003/QD-TTg for the betterment of HIV/AIDS infected people

In March 2004, the Prime Minister issued Decision No. 36/2004/QD-TTg approving the National Strategy on HIV/AIDS Prevention and Control in Vietnam till 2010 with a Vision to 2020.

In November 2005, the GOV issued a Decree No. 86/2002/ND-CP defining the functions, tasks, powers and organizational structure of ministries and ministerial-level agencies.

In November 2005, the Communist Party Central Committee's Secretariat issued Decision No. 54-CT/TW on strengthening the leadership in HIV/AIDS Prevention and Control in new situations.

In June 2006, the National Assembly passed the Law on HIV/AIDS Prevention and Control No. 64/2006/QH11 that provides strong protection for the rights of PLHIV. The Law defines harm reduction measures as propaganda, mobilization and encouragement of the use of condoms, clean syringes and needles, treatment of addiction to opium-related substances with substitute substances and other harm reduction measures.

In June 2007, the GOV issued Decree No. 108/2007/ND-CP detailing the implementation of a Number of Articles of the Law on HIV/AIDS Prevention and Control.

In 2007, MOH issued Decision No. 5073/2007/QD-BYT authorized the commencement of the National Pilot Methadone Maintenance Therapy (MMT) Program in May 2008 in Hai Phong and HCMC.

In 2008, Decision No. 14/2008/QD-BYT created a Plan of Action on the Management and Coordination of Aid for HIV Prevention and Control in Vietnam 2008-2010 with a Vision to 2020.

In 2008, Decision No. 28/2008/QD-BYT established a single routine reporting form and database for HIV activities.

In 2008, the GOV amended the Law on Drugs Prevention and Control No. 16/2008/QH12 and Directive No. 32/2008/CT-TTg permits the implementation of harm reduction interventions as defined by the Law on HIV/AIDS Prevention and Control.

In 2008, the Law on Health Insurance No. 25/2008/QH12 and its implementing decrees and circulars removed the diagnosis and treatment of HIV from the list of exceptions for health insurance coverage.

In 2008, under Decree 76/2008/ND-CP of the Law on Amnesty, prisoners who have advanced HIV infection may be granted special amnesty.

In 2008, Directive 61/2008/CT-BGDDT on Strengthening HIV Prevention and Control in the Education Sector requested educational institutions to: strengthening their HIV steering committees, improve the quality of regular education activities on HIV Prevention with a focus on stigma and discrimination reduction and improving HIV Prevention skills among students, integrate HIV Prevention and Control into other programs, protect the rights of PLHIV (including children living with HIV), and increase resource allocation for HIV Prevention and Control activities.

In 2009, Decision No. 84/2009/QĐ-TTg on the National Program of Action on Children affected by HIV until 2010 with the vision to 2020 laid out specific objectives and directions for the national response as it relates to children.

In 2009, the GOV passed the Law Amending and Supplementing a Number of Provisions of the Criminal Code No. 37/2009/QH12 included the removal of Article 199 on the illegal use of narcotics. The revised text acknowledges that drug use is a social problem and recognizes drug users as patients rather than criminals.

In 2009, the Decision No. 1107/2009/QĐ-TTg improved the capacity of the HIV Prevention and Control system to implement laws at the city, provincial and central Government levels during the period 2010-2015.

Appendix 8: Government, Donors, and NGOs HIV/AIDS/STIs Prevention and Control Activities in Vietnam

As of August 2011

Government HIV/AIDS/STIs Prevention and Control Activities

Organization	Project Name	Target Area	Target Group	Duration	Key Activities							
					BCC	Harm Reduction	Condom Distribution	Blood Safety	Counseling & Testing	Care & Treatment	Surveillance	Capacity Building
VAAC, MOH	Program on HIV/AIDS Prevention (funded by GOV budget)	All provinces nationwide	General population and high-risk groups	Ongoing	X			X	X	X	X	X
	Community Action for Preventing HIV/AIDS in Greater Mekong Subregion (funded by JFPR/ADB)	Five provinces: An Giang, Dong Thap, Kien Giang, Lai Cau, Quang Tri	High-risk groups including migrants and mobile groups such as fishermen, truckers, sex and hospitality workers, police and military personnel and construction workers	7/2001-12/2003	X	X	X			X	X	X
	Strengthening Care, Counseling and Support to PLHIV and related Community-Based Activities to Prevent HIV/AIDS in Vietnam (funded by GFATM)	Twenty two provinces: Cao Bang, Lang Son, Quang Ninh, Thai Nguyen, Phu Tho, Hanoi, Hai Duong, Hai Phong, Nam Dinh, Thanh Hoa, Ha Tinh, Hue, Khanh Hoa, Binh Thuan, HCMC, Tay Ninh, Dac Lac, An Giang, Can Tho, Soc Trang, Kien Giang, Camau	PLHIV, IDUs and sex workers	3/2004-2015	X		X		X	X		X

Organization	Project Name	Target Area	Target Group	Duration	Key Activities							
					BCC	Harm Reduction	Condom Distribution	Blood Safety	Counseling & Testing	Care & Treatment	Surveillance	Capacity Building
	Improve International Actions for HIV/AIDS in Vietnam (funded by KfW)	Fifteen provinces: Hanoi, Quang Ninh, Lao Cai, Ninh Binh, Binh Dinh, Nghe An, Ha Tinh, Quang Binh, Ha Tay, Ha Nam, Nam Dinh, Thai Binh, Khanh Hoa, Binh Thuan, Dac Lac	High-risk groups, pregnant women, PLHIV, adolescents	2004-2006	X	X		X	X	X		X
	Prevention and Treatment of HIV/AIDS in Vietnam, Phase II (funded by CDC, PEPFAR)	All provinces nationwide	High-risk groups	2001-2006	X				X	X		X
	HIV/AIDS Prevention Program in Asia (HAARP) (funded by Australia and Netherland Governments)	Three provinces: Bac Kan, Tuyen Quang and Hoa Binh	High-risk groups (sex workers and IDUs) in 05/06 Centers	2009-2013	X				X	X		X
	Prevention and Treatment of HIV/AIDS in Vietnam, Phase III (funded by FHI 360)	Hanoi, Quang Ninh, Hai Phong, Thai Binh, Danang, Binh Dinh, HCMC, Dong Nai, Can Tho	Mobile youth, sex workers, IDUs, MSM, PLHIV	2004-2015	X		X		X		X	X
	Vietnam-HIV/AIDS Prevention Project (funded by World Bank)	Twenty provinces: Lai Chau, Cao Bang, Yen Bai, Son La, Thai Nguyen, Bac Giang, Hai Phong, Thai Binh, Nam Dinh, Thanh Hoa, Nghe An, Khanh Hoa, Dong Nai, HCMC, Tien Giang, An Giang, Ben Tre, Vinh Long, Kien Giang, Hau Giang	General population, high-risk groups, PLHIV	6/2005-2012	X	X	X	X	X	X	X	X

Organization	Project Name	Target Area	Target Group	Duration	Key Activities							
					BCC	Harm Reduction	Condom Distribution	Blood Safety	Counseling & Testing	Care & Treatment	Surveillance	Capacity Building
	HIV Prevention in Vietnam (funded by DFID and NORAD; implemented by WHO through MOH)	Twenty one provinces: Lang Son, Quang Ninh, Hanoi, Ha Tay, Hai Phong, Nam Dinh, Thanh Hoa, Ha Tinh, Hue, Khan Hoa, Binh Thuan, HCMC, Tay Ninh, Dong Nai, Ba Ria-Vung Tau, Dong Thap, An Giang, Can Tho, Soc Trang, Keng Giang	General population, high-risk groups, PLHIV	2003-2007	X		X		X	X		
Hanoi HIV/AIDS Preventive Center	Program on HIV/AIDS Prevention (funded by GOV)	All 14 districts of Hanoi	General population and high-risk groups	Ongoing	X			X	X	X	X	X
	Strengthening Care, Counseling and Support to PLHIV and Related Community-Based Activities to Prevent HIV/AIDS in Vietnam (funded by GFATM)	Eight in-city districts of Hanoi (Hoang Mai, Thanh Tri and Long Bien Districts not included)	High-risk groups (IDUs and sex workers)	3/2004-9/2008	X				X	X		X
	HIV Prevention in Vietnam (funded by DFID and NORAD; implemented by WHO through MOH)	Eight in-city districts of Hanoi (Hoang Mai and Gia Lam Districts not included)	High-risk groups (IDUs and sex workers) and PLHIV	2003-2007	X		X		X	X		
	Prevention and Treatment of HIV/AIDS in Vietnam, Phase II (funded by CDC, PEPFAR)	Three districts: Dong Anh, Tu Liem and Ba Dinh	High-risk groups	2001-2015	X				X	X		X

Organization	Project Name	Target Area	Target Group	Duration	Key Activities								
					BCC	Harm Reduction	Condom Distribution	Blood Safety	Counseling & Testing	Care & Treatment	Surveillance	Capacity Building	
	BCC on HIV/AIDS Prevention (funded by PSI)	Mine and Geological University, Hanoi Industrial University, Army Institute	Students	2008-2010	X								
	Direct Communication on HIV/AIDS Prevention at Entertainment Facilities (funded by PSI)	Five districts: Cau Giay, Dong Da, Thanh Xuan, Ba Dinh, Hai Ba Trung	Men in Entertainment Establishments	2008-2010	X								
	Prevention, Care and Treatment on HIV/AIDS in Hanoi (funded by FHI 360)	Districts: Hoang Mai, Long Bien, Dong Da, Thanh Xuan, Son Tay, Hai Ba Trung	High-risk groups (IDUs, sex workers, MSM, mobile workers, truck drivers) and PLHIV	2007-Ongoing	X	X	X		X	X			X
AIDS Committee HCMC	Improvement and Expansion of HIV/AIDS Care, Support, Prevention, and Supervision for the High-Risk Groups in HCMC (funded by CDC)	All 24 Districts of HCMC	PLHIV, High-Risk Groups (Sex Workers and IDUs), and Orphan Vulnerable Children	2004-Present	X	X			X	X	X	X	
	HIV/AIDS Care, Treatment and Prevention, in HCMC (funded by FHI 360)	7 Districts (District 1, 3, 4, 8, Thu Duc District, Hooc Mon District, and Binh Thanh District)	PLHIV, High-Risk Groups (Sex Workers, IDUs, MSM), and Long-Distance Truck Drivers	2001-Present	X	X			X	X	X	X	
	HIV/AIDS Prevention in Vietnam (funded by World Bank)	15 Districts (District 3, 5, 7, 8, 11, 12, Tan Binh District, Binh Tan District, Go Vap District, Hooc Mon District, Nha Be District, Phu Nhuan District, Cu Chi District, Thu Duc District, and Tan Phu District)	General Population, High-Risk Groups (Sex Workers and IDUs)	2005-Present	X	X	X		X	X			X

Organization	Project Name	Target Area	Target Group	Duration	Key Activities							
					BCC	Harm Reduction	Condom Distribution	Blood Safety	Counseling & Testing	Care & Treatment	Surveillance	Capacity Building
	Strengthening Care, Counseling, and Support for PLHIV and Community-Based HIV/AIDS Prevention in Vietnam (funded by GFATM)	5 Districts (District 5, 7, Binh Tan District, Hooc Mon District, and Phu Nhuan District)	PLHIV, High-Risk Groups (Sex Workers and IDUs)	2005-Present	X				X	X		X
	HIV/AIDS Prevention (funded by DFID)	5 Districts (District 8, 9, Go Vap District, Phu Nhuan District, and Thu Duc District)	PLHIV, High-Risk Groups (Sex Workers and IDUs)	2004-2008	X	X	X					X
	HIV/AIDS Care and Treatment in HCMC (funded by MDM)	2 Districts (District 6 and 9)	PLHIV, High-Risk Groups (Sex Workers, IDUs, MSM)	2005-2008	X	X			X	X		X
	BCC on HIV/AIDS Prevention (funded by PSI)	4 Districts and Universities (District 5, 7,10, and Tan Binh)	Students, Male Clients of SWs, High Risk Groups (IDUs, SWs, MSMs)	2007-Present	X	X	X					
	HIV/AIDS Prevention for MSM (funded by LIFE-GAP)	All 24 Districts of HCMC	MSM	2009-Present	X	X						
	Go Ahead Project (funded by Netherland Government)	All 24 Districts of HCMC	High-Risk Groups (Sex Workers, IDUs, MSM)	2009-Present	X	X	X					
MOLISA	Program on HIV/AIDS Prevention (funded by GOV budget)	Centers for Social Education and Vocational Training (05 and 06 Centers)	Sex workers, IDUs, PLHIV	Ongoing	X	X			X	X		X

Organization	Project Name	Target Area	Target Group	Duration	Key Activities								
					BCC	Harm Reduction	Condom Distribution	Blood Safety	Counseling & Testing	Care & Treatment	Surveillance	Capacity Building	
TRACOHE, MOT	Health Without Borders: Improving Health and Reducing HIV/AIDS Vulnerability Among Long Distance Transport Workers through Multi-sectors Approaches (funded by IOM)	Hai Phong – Lao Cai Highway, Danang – Lao Bao Highway, and Vungtau – Moc Bai Highway	Truck Drivers	5-7/2006								X	
	Harm Reduction of HIV/AIDS Vulnerability for the Long Distance Truck Drivers by Multi-Sector Approaches (funded by IOM)	Hai Phong, Lao Cai, Quang Tri, Da Nang, Tay Ninh, HCMC, Vung Tau	Long Distance Truck Drivers	2007	X								
	HIV/AIDS/STIs Prevention and Control in Cai Mep – Thi Vai International Port Construction Project (funded by JICA)	Ba Ria Vung Tau Province	Construction Workforce and Members of the Surrounding Communities including High-Risk Groups (Sex Workers / Entertainment Workers, IDUs, etc.)	7/2009-10/2012	X	X	X		X				X
	HIV/AIDS/STIs Prevention and Control in Nhat Tan Bridge Construction Project (II) (funded by JICA)	Hanoi	Construction Workforce and Members of the Surrounding Communities including High-Risk Groups (Sex Workers / Entertainment Workers, IDUs, etc.)	6/2010-12/2013	X	X	X		X				X

Organization	Project Name	Target Area	Target Group	Duration	Key Activities							
					BCC	Harm Reduction	Condom Distribution	Blood Safety	Counseling & Testing	Care & Treatment	Surveillance	Capacity Building
	HIV/AIDS/STIs Prevention and Control in New National Highway No. 3 and Regional Road Network Construction Project (funded by JICA)	Hanoi	Construction Workforce and Members of the Surrounding Communities including High-Risk Groups (Sex Workers / Entertainment Workers, IDUs, etc.)	8/2011-12/2013	X	X	X		X			X
Hanoi Women's Union	Project on City Female Health (funded by FHI 360)	Three districts in Hanoi: Thanh Xuan, Hoang Mai and Dong Da	Sex workers and HIV positive women	9/2005-9/2006	X							X
	Strengthening PLHIV Participation in Vietnam	All 14 districts of Hanoi	PLHIV	3/2006-3/2009	X							X
	Life Skills for the Adolescents (supported by GOV)	Two districts of Hanoi: Hoang Mai and Thanh Xuan	Female adolescent	2004-2006	X							X
	Community Mechanisms for Migrating the IMPACT of HIV/AIDS (funded by IMPACT Project)	Three districts of Hanoi: Tu Liem, Thanh Xuan and Hai Ba Trung	PLHIV and their family members	3/2006-3/2010	X							X
	Improvement of Community-Based Care and Treatment for Orphan and Vulnerable Children (funded by Health Rights International)	Four Out-Districts of Hanoi: Long Bien, Gia Lam, Soc Son, Dong Anh	Orphan and Vulnerable Children and their Family Members	2008-2011	X	X			X	X		
	Community Mechanisms on Reduction of HIV/AIDS Impacts in Vietnam (funded by SHAPC)	Three districts: Hai Ba Trung, Thanh Xuan, Tu Liem	Elderly People affected by HIV/AIDS	2005-2011	X	X	X		X			

Organization	Project Name	Target Area	Target Group	Duration	Key Activities								
					BCC	Harm Reduction	Condom Distribution	Blood Safety	Counseling & Testing	Care & Treatment	Surveillance	Capacity Building	
	Strengthening the Link Between Parents and Youth in Talking about Love and Sex (funded by Ford Foundation)	Thanh Xuan District	Parents and Adolescents	11/2007-10/2010	X	X	X						
Hanoi Youth Union	Project on Male Health (funded by FHI 360)	Three districts of Hanoi: Dong Da, Thanh Xuan and Tu Liem	Mobile workers in construction sites, guest houses, entertainment establishments and bus stations	9/2005-9/2006	X								
	Community-Based Drug Prevention Model (funded by National Youth Union)	One Commune: Linh Nam Commune of Hoang Mai District	IDUs and their family members	2005-2006	X					X			

Donors HIV/AIDS/STIs Prevention and Control Activities

Organization	Project Name	Target Area	Target Group	Duration	Key Activities								
					BCC	Harm Reduction	Condom Distribution	Blood Safety	Counseling & Testing	Care & Treatment	Surveillance	Capacity Building	
ADB	HIV/AIDS Prevention Among Youth	Ten provinces: Hanoi, Quang Ninh, Bac Ninh, Phu Tho, Ha Tay, Dien Bien, Hai Phong, Hai Duong, Da Nang, Binh Duong, HCMC, Ba Ria - Vung Tau, Long An, Dong Thap and Can Tho	Youth and adolescents	2006-2010	X				X				X
	Community Action for Preventing HIV/AIDS in the Greater Mekong Subregion	Five provinces: An Giang, Dong Thap, Kien Giang, Lai Cau, Quang Tri	High-risk groups including migrants and mobile groups such as fishermen, truckers, sex workers, police and military personnel and construction workers	7/2001-12/2003	X		X		X	X			X
	Greater Mekong Subregion: East-West Corridor	East-West Corridor	High-risk groups including migrants and mobile workers	2000-Ongoing	X	X	X		X				X
ILO	Development of a National Business Coalition on HIV and AIDS	Factories in Vietnam	Workers	2010-2011	X	X			X				X
	HIV and Disability at the Workplaces	Factories in Vietnam	Workers	2010-2011	X	X			X				X
IOM	Capacity Building of Vietnamese Women Against Women Trafficking	Hanoi, Quang Ninh, HCMC, Yen Bai, Thai Binh, Hai Duong, Soc Trang, Kien Giang	Trafficked persons, internal migrants	2003-2005	X				X				

Organization	Project Name	Target Area	Target Group	Duration	Key Activities								
					BCC	Harm Reduction	Condom Distribution	Blood Safety	Counseling & Testing	Care & Treatment	Surveillance	Capacity Building	
	Programme Support for HIV Activities and Infrastructure Projects	Greater Mekong Subregion including Vietnam	Migrant Workers involved in Roads, Bridges, Highways, Railroads, Seaports, Airports, Irrigation, Power sectors	8/2007-6/2009	X								
	Workplace-Based Prevention and Employment & Supportive Services for High-Risk Individuals in Vietnam	Seven Provinces: Hanoi, Hai Phong, Quang Ninh, Nghe An, HCMC, An Giang and Can Tho	High-Risk Individuals including IDUs, sex workers and migrant workers	12/2009-3/2010	X								X
JICA	HIV/AIDS/STIs Prevention and Control Activities in Can Tho Bridge Construction Project	Can Tho	Construction Workforce and Members of the Surrounding Communities including high-risk groups (sex workers / entertainment workers and their clients, IDUs, etc.)	2/2006-8/2008	X	X	X		X				X
	HIV/AIDS/STIs Prevention and Control Activities in Omon Power Plant and Mekong Delta Transmission Network Project	Can Tho	Construction Workforce and Members of the Surrounding Communities including high-risk groups (sex workers / entertainment workers and their clients, IDUs, etc.)	6/2007-3/2009	X	X	X		X				X

Organization	Project Name	Target Area	Target Group	Duration	Key Activities							
					BCC	Harm Reduction	Condom Distribution	Blood Safety	Counseling & Testing	Care & Treatment	Surveillance	Capacity Building
	HIV/AIDS/STIs Prevention and Control Activities in Red River Bridge Construction Project (IV)	Hanoi	Construction Workforce and Members of the Surrounding Communities including high-risk groups (sex workers / entertainment workers and their clients, IDUs, etc.)	9/2009-12/2010	X	X	X		X			X
	HIV/AIDS/STIs Prevention and Control Activities in New National Highway No. 3 and Regional Road Network Construction Project	Hanoi	Construction Workforce and Members of the Surrounding Communities including high-risk groups (sex workers / entertainment workers and their clients, IDUs, etc.)	8/2011-12/2013	X	X	X		X			X
	HIV/AIDS/STIs Prevention and Control Activities in Cai Mep – Thi Vai International Port Construction Project	Ba Ria Vung Tau Province	Construction Workforce and Members of the Surrounding Communities including high-risk groups (sex workers / entertainment workers and their clients, IDUs, etc.)	7/2009-10/2012	X	X	X		X			X
	HIV/AIDS/STIs Prevention and Control Activities in Nhat Tan Bridge Construction Project (II)	Hanoi	Construction Workforce and Members of the Surrounding Communities including high-risk groups (sex workers / entertainment workers and their clients, IDUs, etc.)	6/2010-12/2013	X	X	X		X			X

Organization	Project Name	Target Area	Target Group	Duration	Key Activities							
					BCC	Harm Reduction	Condom Distribution	Blood Safety	Counseling & Testing	Care & Treatment	Surveillance	Capacity Building
	HIV/AIDS/STIs Prevention and Control Activities in Hanoi City Ring Road No. 3 Construction Project	Hanoi	Construction Workforce and Members of the Surrounding Communities including high-risk groups (sex workers / entertainment workers and their clients, IDUs, etc.)	12/2010-11/2012	X	X	X		X			X
	HIV/AIDS/STIs Prevention and Control Activities in Hanoi City Urban Railways Construction Project (Line 1)	Hanoi	Construction Workforce and Members of the Surrounding Communities including high-risk groups (sex workers / entertainment workers and their clients, IDUs, etc.)	1/2010-6/2011	X	X	X		X			X
	Dialogues on Inclusion: Together for Health and Overcoming Adversity and Isolation (DOI THOAI) (funded by JICA)	Hanoi and HCMC	PLHIV and Orphan and Vulnerable Children	2010-2011	X							X
World Bank	Vietnam HIV/AIDS Prevention	Twenty provinces: Lai Chau, Cao Bang, Yen Bai, Son La, Thai Nguyen, Bac Giang, Hai Phong, Thai Binh, Nam Dinh, Thanh Hoa, Nghe An, Khanh Hoa, Dong Nai, HCMC, Tien Giang, An Giang, Ben Tre, Vinh Long, Kien Giang, Hau Giang	General population, high-risk groups, PLHIV	6/2005–12/2012	X	X	X	X	X	X	X	X

INGOs HIV/AIDS/STIs Prevention and Control Activities

Organization	Project Name	Target Area	Target Group	Duration	Key Activities							
					BCC	Harm Reduction	Condom Distribution	Blood Safety	Counseling & Testing	Care & Treatment	Surveillance	Capacity Building
CARE Vietnam	Can Tho Bridge Construction Project	Can Tho	Construction Workforce and Members of the Surrounding Communities including high-risk groups (sex workers / entertainment workers and their clients, IDUs, etc.)	2/2006-8/2008	X	X	X		X			X
	Communities Responding to HIV/AIDS Epidemic (CORE) Initiative	HCMC, Ha Phong, Khanh Hoa, Can Tho	PLHIV									X
	Confronting HIV/AIDS in the Workplace	Quang Ninh province	Migrant workers	11/2000-10/2003	X		X			X		X
	Greater Involvement of People Living with AIDS (GIPA) Policy	Vietnam	PLHIV									X
	HIV/AIDS: Community-based Awareness Raising and Behavioral Change for Vietnamese Youth	Four provinces in the Mekong Delta	Young people, high risk groups, PLHIV		X							X
	Promoting Healthy Workplace and Cohesive Community	Pou Yen in HCMC	Timberland factory workers	2002	X							
	Promoting Positive Messages for Men Practicing for Safer Sex	An Giang, Soc Trang, Khanh Hoa	Men	11/2000-10/2002	X	X	X					X
	Plus Plus Project	Can Tho province	IDUs and sex workers	2005-2008	X				X			

Organization	Project Name	Target Area	Target Group	Duration	Key Activities							
					BCC	Harm Reduction	Condom Distribution	Blood Safety	Counseling & Testing	Care & Treatment	Surveillance	Capacity Building
	Community Contribution to the Continuum of Care for PLHIV and Orphan and Vulnerable Children Project in Quang Ninh – C4 Project	Three districts: Tien Yen, Hoanh Bo and Bai Chay of Quang Ninh Province	PLHIV and Orphan and Vulnerable Children	5/2008-9/2009	X				X	X		X
	Creating an Enabling Environment for Implementation of Vietnam Law on HIV/AIDS Prevention and Control to Promote the Well-Being of PLHIV (CREATE)	Hanoi (Vietnamese Institute for Human Rights) Quang Ninh Political School HCMC Academy for Politics Zone 2	Teachers and Students, PLHIV Groups in Hanoi and HCMC	7/2009-6/2010	X							X
	Dialogues on Inclusion: Together for Health and Overcoming Adversity and Isolation (DOI THOAI) (funded by JICA)	Hanoi and HCMC	PLHIV and Orphan and Vulnerable Children	2010-2011	X							X
DKT Vietnam	HIV/AIDS Prevention through Social Marketing of Condoms	All provinces	Sex workers, IDUs, youth	Ongoing			X					
FHI 360	HIV/AIDS Prevention, Care and Treatment in Vietnam	An Giang, Dien Bien, Lao Bai, Hanoi, Quang Ninh, Hai Phong, Danang, HCMC, and Can Tho	Sex workers, IDUs, MSM, PLHIV	1998-Present	X	X	X		X	X	X	X

Local NGOs HIV/AIDS/STIs Prevention and Control Activities

Organization	Project Name	Target Area	Target Group	Duration	Key Activities							
					BCC	Harm Reduction	Condom Distribution	Blood Safety	Counseling & Testing	Care & Treatment	Surveillance	Capacity Building
CCIHP	Online Counseling on Reproductive Health, Sexual Health and HIV/AIDS for Youth	All Provinces	Youth and Adolescents	2001-2012	X				X	X		X
	Common Health Program including Women Health, Child Health and HIV/AIDS Prevention and Care	Eight Provinces: Quang Ninh, Hai Duong, Thai Nguyen, Vinh Phuc, Thai Binh, Da Nang, Quang Nam	Women, Children	2002-2006	X		X		X	X		X
	Capacity Building and Supports for People Living with AIDS	Hanoi and neighboring provinces	PLHIV	Ongoing	X	X	X		X	X		X
	Capacity Building for Local Researchers on Sexual Health and HIV/AIDS Research	All Provinces	Researchers in Vietnam	2004-2006							X	X
	HIV/AIDS and Reproductive Communication for Workers in Industrial Zones in Hanoi and HCMC	Hanoi and HCMC	Workers in Industrial Zones	2005-2011	X							
	Internal Bases Interventions to Men Sexual Health and HIV/AIDS Interventions	All Provinces	MSM	2008-2011	X							X

Organization	Project Name	Target Area	Target Group	Duration	Key Activities							
					BCC	Harm Reduction	Condom Distribution	Blood Safety	Counseling & Testing	Care & Treatment	Surveillance	Capacity Building
CDEEC	HIV/AIDS/STIs Prevention and Control Activities in Red River Bridge Construction Project (IV)	Hanoi	Construction Workforce and Members of the Surrounding Communities including high-risk groups (sex workers / entertainment workers and their clients, IDUs, etc.)	9/2009-12/2010	X	X	X		X			X
CEPHAD	Strengthening Capacity of Care and Support for People Living with HIV and Community	Thanh Mieu Commune, Viet Tri City, Phu Tho Province	PLHIV	5-6/2006	X						X	X
	Improving Capacity of HIV/AIDS Prevention for Workplaces, Community and PLHIV	Two provinces: Phu Tho, Thai Binh	PLHIV	1/2006-12/2010	X		X		X	X	X	X
	Improvement of Spiritual Life and HIV Prevention of Migrant Women to Hanoi to Seek for Jobs	Hanoi	Migrant women	1/2006-12/2007	X							X
	Empowerment of PLHIV and Community in Involvement of HIV/AIDS Prevention Activities	Hanoi	PLHIV, IDUs	1/2004-12/2005	X	X	X		X	X	X	X
	Care and Support for PLHIV and Community	Two Provinces: Phu Tho, Thai Binh	PLHIV, IDUs	1/2004-12/2005	X	X	X		X	X	X	X

Organization	Project Name	Target Area	Target Group	Duration	Key Activities								
					BCC	Harm Reduction	Condom Distribution	Blood Safety	Counseling & Testing	Care & Treatment	Surveillance	Capacity Building	
	The Study on Sexual Behaviors and Levels of HIV/AIDS Related Knowledge Among Men Who Reside in Hanoi	Hanoi	Long Distance truck drivers, mobile construction workers	2001									
	Strengthening Capacity on Healthcare, HIV/AIDS Prevention and Poverty Reduction	Hoa An District in Cao Bang Province	PLHIV and IDUs	2007-2012	X	X	X		X	X			X
	Prevention of Children Leaving Homes for Earning Money in the Cities	Hau Loc and Quang Xuong Districts in Thanh Hoa Province	Children in Poor Families	2009-2010	X								X
ISDS	Understanding and Tackling HIV/AIDS related Stigma and Discrimination in Vietnam	All Provinces	General population, policy makers, mass media, PLHIV, health providers	2002-2007	X								X
	Reducing HIV/AIDS Related Stigma and Discrimination in Health Care Setting in Vietnam	All Provinces	General population, policy makers, mass media, PLHIV, health providers	2005-2006						X			X
	Strengthening the Participation of the Civil Society in HIV/AIDS Prevention and Control in Vietnam (funded by Ford Foundation/USAID)	PLHIV Groups, Local NGOs	PLHIV, IDUs, Staff of Local NGOs	2007-2009	X								X

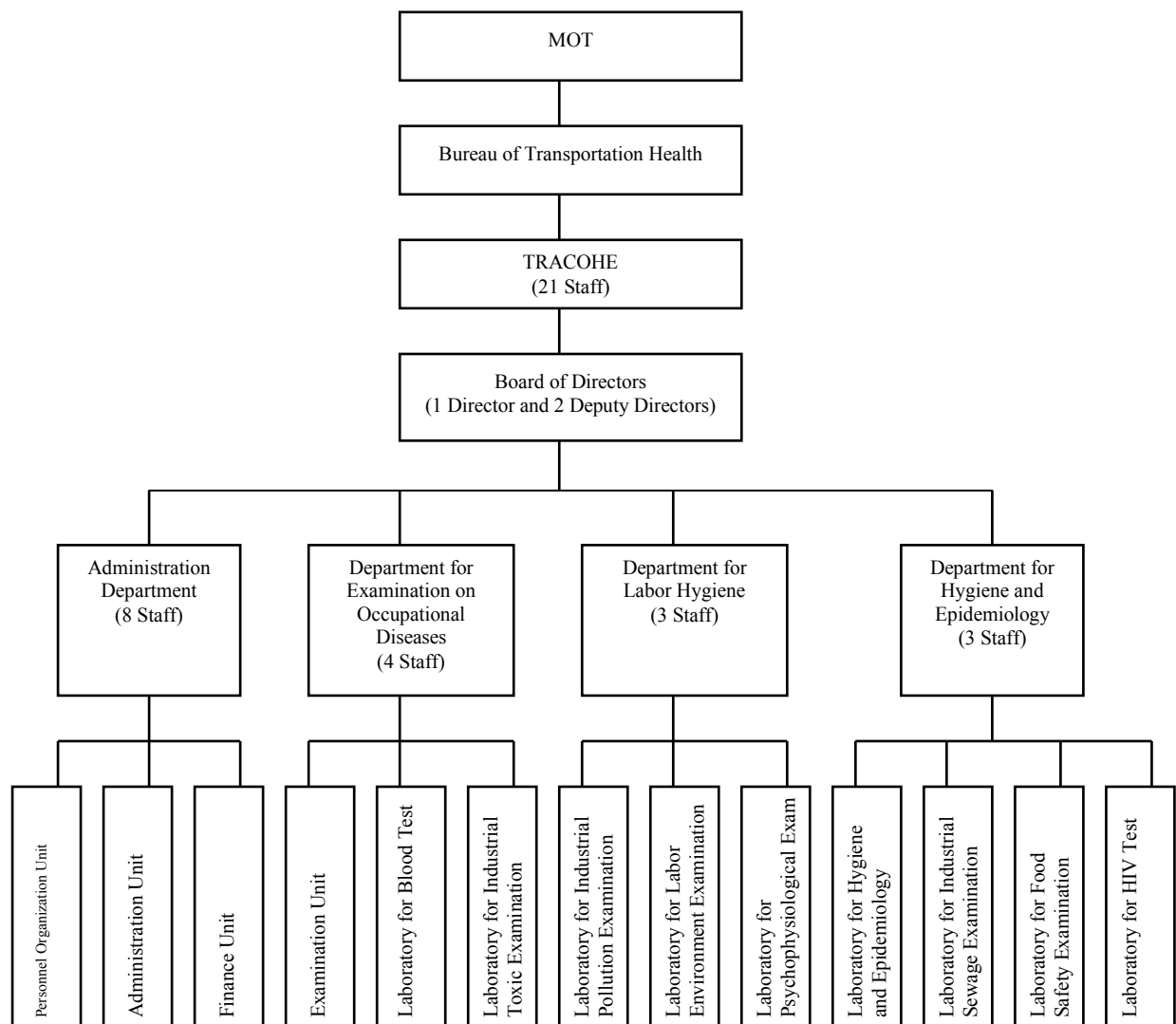
Organization	Project Name	Target Area	Target Group	Duration	Key Activities								
					BCC	Harm Reduction	Condom Distribution	Blood Safety	Counseling & Testing	Care & Treatment	Surveillance	Capacity Building	
	Capacity Building for Civil Society in HIV/AIDS Prevention and Control in Vietnam	Hanoi, Hai Duong, Vinh Phuc, Vinh Long, Can Tho	PLHIV Groups, Sex Workers, IDUs, MSM	2011-2015	X	X							X
VINAFPA	HIV/AIDS/STIs Prevention and Control Activities in Hanoi City Urban Railways Construction Project (Line 1)	Hanoi	Construction Workforce and Members of the Surrounding Communities including high-risk groups (sex workers / entertainment workers and their clients, IDUs, etc.)	1/2010-6/2011	X	X	X		X				X

Appendix 9a: Information on TRACOHE

Brief Introduction of TRACOHE

TRACOHE was established in 1997 under management of Bureau of Transportation of Health of MOT and is responsible for occupational healthcare including HIV/AIDS/STIs Prevention and Control activities for staff and workers in the transport sector. TRACOHE is administered by the Board of Directors comprising one Director and two Deputy Directors and has four Departments with a total staff of 21.

Organization Structure and Human Resources of TRACOHE



Key Roles and Responsibilities for HIV/AIDS/STIs Prevention and Control

- Occupational healthcare including HIV/AIDS/STIs Prevention and Control for staff and workers in the transport sector.
- HIV/STIs testing.
- Implementation of HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities of infrastructure projects.
- Management of healthy construction environment.

- Organization of studies, research, training, conferences, seminars, and workshops on occupational health in the transport sector including HIV/AIDS/STIs Prevention and Control in the transport sector.

Main Strengths for HIV/AIDS/STIs Prevention and Control

- Extensive experience and comprehensive nationwide network in implementing HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities of infrastructure projects.
- Laboratories equipped with necessary equipment for HIV/STIs testing.
- Extensive experience for working with international development partners, NGOs, and private sector.
- Effective support and cooperation from public/private agencies/organizations from central level to grassroots levels in implementing HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities of infrastructure projects.
- Sustainable regular funding from the MOT.

Main Weaknesses for HIV/AIDS/STIs Prevention and Control

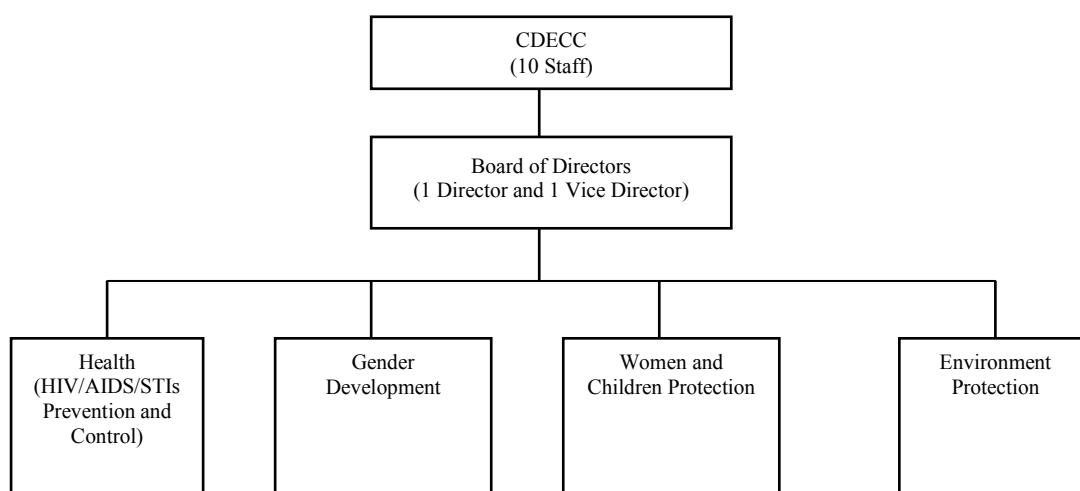
- Limited skills for development of IEC/BCC materials.
- Limited knowledge and experiences on monitoring and evaluation of HIV/AIDS/STIs Prevention and Control activities.

Appendix 9b: Information on CDECC

Brief Introduction of CDECC

CDECC was established in 2005 by the Vietnam Union of Science and Technology Associations (VUSTA) with a primary focus on Health including HIV/AIDS/STIs Prevention and Control, Gender Development, Women and Children Protection, and Environment Protection. CDECC is administered by the Board of Directors comprising one Director and one Vice Director and has four Departments with a total staff of 10.

Organization Structure and Human Resources of CDECC



Key Activities for HIV/AIDS/STIs Prevention and Control

- IEC/BCC Campaigns.
- Counseling for HIV/STIs.
- Workplace HIV/STIs Prevention.
- Support and Care of PLHIV.
- Advocacy and Capacity Building of Relevant HIV/AIDS Agencies/Organizations.
- Organization of studies, research, and training.

Main Strengths for HIV/AIDS/STIs Prevention and Control

- Extensive experience in implementing HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities of JICA-Assisted Large-Scale Infrastructure Projects.
- Extensive experience for working with international development partners, NGOs, and private sector.
- Competent and experienced staff.

Main Weaknesses for HIV/AIDS/STIs Prevention and Control

- Limited knowledge and experience on peer education for members of the surrounding communities.
- Limited knowledge and experience for monitoring and evaluation.

Appendix 10a: Workshop Program

Date: 25 November 2011 (Friday)
Duration: 09:00 – 16:00 (One Day)
Venue: Hanoi Hotel
 Giang Vo Street, Ba Dinh District, Hanoi, Vietnam

Program

09:00 – 09:30	Registration	Venue: 2nd Floor, Hanoi Hotel
Session 1: Opening Session		
09:30 – 09:40	Welcome Remarks	Mr. Toshio Nagase Senior Representative JICA Vietnam Office
09:40 – 09:45	Opening Remarks	Ms. Vladanka Andreeva Monitoring and Evaluation Advisor UNAIDS
09:45 – 09:55	Introduction of Participants	Participants
09:55 – 10:00	Flow and Mechanics of the Workshop	Dr. Khan M. Zaman
10:00 – 10:30	Objectives of the Study and Workshop and Draft Standard Package for HIV/AIDS/STIs Prevention and Control in Large-Scale Infrastructure ODA Projects in Vietnam	Dr. Khan M. Zaman Team Leader of the Study/ Chief Executive Officer Japan Soft Tech Consultants
10:30 – 10:45	Discussion	Facilitator: Dr. Khan M. Zaman
10:45 – 11:00	Coffee/Tea Break	Venue: 2nd Floor, Hanoi Hotel
Session 2: Sharing Experience		
11:00 – 11:45	HIV/AIDS/STIs Prevention and Control activities in JICA-Assisted Nhat Tan Bridge Bridge Construction Project (II) and Cai Mep – Thi Vai International Port Construction Project	Ms. Le Thi Xuyen Deputy Chief Occupational Diseases Prevention Transport Center for Occupational Health and Environment (TRACOHE) Ministry of Transport (MOT)
11:45 – 12:00	Discussion	Facilitator: Dr. Khan M. Zaman
12:00 – 13:00	Lunch	Venue: M Floor, Hanoi Hotel
13:00 – 13:30	HIV/AIDS/STIs Prevention and Control activities in JICA-Assisted Hanoi City Ring Road No. 3 Construction Project	Mr. Nguyen Van Doan Deputy Director Center for Development of Community and Children (CDECC)
13:30 – 13:45	Discussion	Facilitator: Dr. Khan M. Zaman
13:45 – 14:15	HIV/AIDS/STIs Prevention and Control activities in JICA-Assisted Hanoi City Urban Railway Construction Project (Line 1)	Dr. Nguyen Thien Truong President Vietnam Family Planning Association (VINAFPA)
14:15 – 14:30	Discussion	Facilitator: Dr. Khan M. Zaman
14:30 – 14:45	Coffee/Tea Break	Venue: 2nd Floor, Hanoi Hotel
Session 3: Government Response		
14:45 – 15:05	Presentation from Hanoi HIV/AIDS Preventive Center	Dr. Le Nhan Tuan Director
15:05 – 15:15	Reaction/Discussion	Facilitator: Dr. Khan M. Zaman
15:15 – 15:35	Presentation from Railway Health Center, MOT	Mr. Pham Van Hung Director
15:35 – 15:45	Reaction/Discussion	Facilitator: Dr. Khan M. Zaman
Session 4: Concluding Session		
15:45 – 15:55	Wrap Up	Dr. Khan M. Zaman
15:55 – 16:00	Closing Remarks	Ms. Tomuro Maki Representative JICA Vietnam Office

Appendix 10b: List of Participants for Workshop in Hanoi

No.	NAME/POSITION	CONTACT
Relevant Government Agencies/Organizations		
1.	Dr. Le Nhan Tuan Director Hanoi HIV/AIDS Preventive Center	Address: 86, Tho Nhuom Street, Hoan Kiem District, Hanoi T/F: +84-4-38222097 M: +84-91-322-8966 E: lenhantuan@yahoo.com
2.	Mr. Pham Van Hung Director Railway Health Center Ministry of Transport (MOT)	Address: 23B, Quan Thanh Street, Hanoi T: +84-4-3845-2948 M: +84-91-324-8430 F: +84-4-3733-8261 E: phamvanhung6@gmail.com
3.	Ms. Do Thi Bich Lien Doctor	Address: 23B, Quan Thanh Street, Hanoi T: +84-4-3845-2948 M: +84-91-209-5947 F: +84-4-3733-8261 E: bichlien1771@yahoo.com
4.	Ms. Pham Lan Huong Staff	Address: 23B, Quan Thanh Street, Hanoi T: +84-4-3845-2948 M: +84-91-239-6281 F: +84-4-3733-8261 E: ttytdpds@gmail.com
5.	Ms. Nguyen Thi Hai Staff	Address: 23B, Quan Thanh Street, Hanoi T: +84-4-3845-2948 M: +84-98-486-6300 F: +84-4-3733-8261 E: ttytdpds@gmail.com
6.	Ms. Dinh Thi Hoa Chief of Occupational Health Construction Hospital Ministry of Construction (MOC)	Address: A area, Nguyen Quy Duc Street, Thanh Xuan Bac, Thanh Xuan, Hanoi T: +84-4-3854-6359 M: +84-90-428-1003 F: +84-43854-1013 E: dinhhoa25672@gmail.com
Stakeholders of JICA-Assisted Large-Scale Infrastructure ODA Projects		
Executing Agencies		
7.	Mr. Phan Thi Kieu Anh Deputy Director of PID5, PMU No. 2, MOT Executing Agency of New National Highway No. 3 and Regional Road Network Construction Project	Address: No. 18 Pham Hung Street, Hanoi T: +84-4-3768-0061 M: +84-98-312-0368 F: +84-4-3768-1975 E: hungcv@yahoo.com
8.	Ms. Tang Lam Ha Vice Chief Representative PMU No. 85, MOT Executing Agency of Nhat Tan Bridge Construction Project (II)	Address: Block B, 98 To Ngoc Van Street, Tay Ho District, Hanoi T: +84-4-6258-0290 M: +84-98-525-0953 F: +84-38-383-4705 E: ha_tang2000@yahoo.com
9.	Mr. Dang Van Hai Project Officer PMU No. 85, MOT Executing Agency of Cai Mep – Thi Vai International Port Construction Project	Address: Pham Van Dong Road, Group 3, Van Hanh Village, Phu My Town, Tan Thanh District, BR-VT Province T: +84-6-4392-3559 F: +84-6-4392-3560 M: +84-93-421-4214 E: thanhtra123@gmail.com
10.	Mr. Nguyen Nam Thai Chief of Project Implementation Department No. 3 Railway Project Management Unit (RPMU) Vietnam Railways, MOT Executing Agency of Hanoi City Urban Railway Construction Project (Line 1)	Address: 95-97 Le Duan, Hanoi T: +84-4-3842-0145 M: +84-98-311-8323 F: +84-4-3842-0144 E: namthai@yahoo.com

No.	NAME/POSITION	CONTACT
11.	Mr. Tran Quan Deputy Manager of Planning Department Urban Civil Works Construction Investment Management Authority (UCCI) Executing Agency of Second Ho Chi Minh City Water Environment Improvement Project (II)	Address: No. 3 Nguyen Thi Dieu Street, District 3, Ho Chi Minh City T: +84-8-3930-0530 M: +84-90-678-6364 F: +84-8-3930-6638 E: tranquan153@gmail.com
12.	Mr. Bui Hong Linh Deputy Director of PID 2 Hanoi City Urban Metropolitan Railway Transport Project Board Executing Agency of Hanoi City Urban Railway Construction Project	Address: #8 Ho Xuan Huong, Hanoi T: +84-4-3944-5350 M: +84-90-348-8385 F: +84-4-3943-5127 E: linhbh76@yahoo.com
13.	Mr. Nguyen Thi Nguyen Admin Executive Hoa Lac High-Tech Park Infrastructure Development Project Management Unit Ministry of Science and Technology (MOST) Executing Agency of Hoa Lac High Tech Park Infrastructure Development Project	Address: Km 29 Thang Long Boulevard, Hanoi T: +84-4-36326-9290 M: +84-98-119-3442 F: +84-4-3368-7410 E: nguyennguyen198@gmail.com
14.	Mr. Tran Quang Tien Engineer Hoa Lac High-Tech Park Infrastructure Development Project Management Unit Ministry of Science and Technology (MOST) Executing Agency of Hoa Lac High Tech Park Infrastructure Development Project	Address: Km 29 Thang Long Boulevard, Hanoi T: +84-4-36326-9290 M: +84-98-668-1810 F: +84-4-3368-7410 E: tranquangtien10101987@gmail.com
15.	Mr. Pham Quang Thang Director PMU of Vinh Phuc Investment Climate Improvement Project (VPICI PMU)	Address: Administrative Area, Truong Chinh Street, Dong Da Ward, Vinh Yen City, Vinh Phuc Province, Vietnam T/F: +84-211-3721-285 M: +84-91-359-0026 E: vpici_pmu@vinhphuc.gov.vn or pkt.pmu@gmail.com
16.	Mr. Tran Ngoc Minh Administrative Manager of Planning and Administration Office Terminal 2 PMU (Noi Bai Airport) Northern Airport Corporation (NAC)	Address: Terminal 2 Project Management Unit, Noibai International Airport, Soc Son, Hanoi T: +84-4-34584-2510 M: +84-91-320-3859 F: +84-4-34584-2441 E: minhtn@vnn.vn
Service Providers		
17.	Dr. Pham Tung Lam Director Transport Center for Occupational Health and Environment (TRACOHE), MOT Service Provider of New National Highway No. 3 and Regional Road Network Construction Project, Nhat Tan Bridge Construction Project (II), and Cai Mep-Thi Vai International Port Construction Project	Address: 73 Yen Ninh Street, Ba Dinh District, Hanoi T/F: +84-4-3734-3153 M: +84-91-350-4779 E: tunglamttvtld@gmail.com
18.	Ms. Le Thi Xuyen Deputy Chief of Occupational Diseases Prevention TRACOHE, MOT	Address: 73 Yen Ninh Street, Ba Dinh District, Hanoi T/F: +84-4-3734-3153 M: +84-912277313 E: xuyengttvt@gmail.com
19.	Mr. Nguyen Van Doan Deputy Director Center for Development of Community and Children (CDECC) (Local NGO) Service Provider of Hanoi City Ring Road No. 3 Construction Project	Address: No. 55, Lane 116, Nguyen Xien Street, Thanh Xuan District, Hanoi T: +84-4-8586-1129 M: +84-91-301-5663 F: +84-4-3854-8905 E: cdecc@vnn.vn or cdecc.vietnam@gmail.com

No.	NAME/POSITION	CONTACT
20.	Ms. Tran Thi Tuanh Staff CDECC	Address: No. 55, Lane 116, Nguyen Xien Street, Thanh Xuan District, Hanoi T: +84-4-8586-1129 M: +84-91-541-7896 F: +84-4-3854-8905 E: tuanh.tran@yahoo.com
21.	Ms. Do Thi Thu Hong Staff CDECC	Address: No. 55, Lane 116, Nguyen Xien Street, Thanh Xuan District, Hanoi T: +84-4-8586-1129 M: +84-123-427-2894 F: +84-4-3854-8905 E: hongcdecc@gmail.com
22.	Dr. Nguyen Thien Truong Vice Standing President Vietnam Family Planning Association (VINAFFPA) Service Provider of Hanoi City Urban Railway Construction Project (Line 1)	Address: 2 Le Duc Tho Street, Cau Giay District, Hanoi T: +84-4-3764-8128 M: +84-91-320-1147 F: +84-4-3764-8090 E: vinafpa@hn.vnn.vn
23.	Ms. Nguyen Ngoc Hang Project Coordinator Vietnam Family Planning Association (VINAFFPA)	Address: 2 Le Duc Tho Street, Cau Giay District, Hanoi T: +84-4-3764-8128 M: +8491-249-2947 F: +84-4-3764-8090 E: ms.ngochang@gmail.com
International Development Partners		
24.	Mr. Seidy Ba Gassama Program Officer Youth and HIV/AIDS International Labor Organization (ILO)	Address: 48 – 50 Nguyen Thai Hoc Street, Hanoi T: +84-4-3734-0902 Ext. 302 M: +84-90-457-1649 F: +84-4-3734-0904 E: bagassama@ilo.org
25.	Ms. Ha Hue Chi Migration and Health Specialist International Organization for Migration (IOM)	Address: R 701, 7th Floor, DMC Tower, 535 Kim Ma, Ba Dinh, Hanoi T: +84-4-3736-6258 Ext. 118 M: +84-90-326-1189 F: +84-4-3736-6259 E: CHIHA@iom.int
26.	Ms. Vladanka Andreeva Monitoring and Evaluation Advisor Joint United Nations Program on HIV/AIDS (UNAIDS)	Address: No. 24, Lane 11, Trinh Hoai Duc Street, Hanoi T: +84-4-3734-2824 F: +84-4-3734-2825 E: andreevav@unaid.org
27.	Mr. Ngo Manh Hung HIV/AIDS Prevention Program Officer US Embassy – PEPFAR	Address: 6 Floor, Tung Square Building, 2 Ngo Quyem, Hanoi T: +84-4-3935-2152 M: +84-90-344-5221 E: ngomhung@gmail.com
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Appendix 10c: Outputs/Recommendations of Workshop

Outputs

Infrastructure projects, in particular transport projects, contribute to economic development and job creation for many individuals in the surrounding communities. However, they also facilitate the spread of HIV/STIs through increased movement and interaction of people along newly created transport routes. Infrastructure projects, in particular transport projects, present a risk of spreading HIV from construction workers to members of surrounding communities and vice versa. Therefore, it is necessary not only to provide HIV/AIDS/STIs Prevention and Control to construction workforce but also to members of the surrounding communities in order to help prevent the spread of HIV/ STIs.

On 25 April 2004, during the “Paris Declaration on AID Effectiveness”, the UNAIDS developed the “Three Ones” Principles. The “Three Ones” Principles are:

- One agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners;
- One National AIDS Coordinating Authority, with a broad-based multisectoral mandate; and
- One agreed country-level Monitoring and Evaluation System.

The GOV has prepared the “National Strategy on HIV/AIDS Prevention and Control in Vietnam till 2010 with a Vision to 2020” as one agreed HIV/AIDS Framework in March 2004; established the “NCADP” and “VAAC” as its secretariat as one national AIDS coordinating authority in May 2005; and prepared “National Monitoring and Evaluation Framework for HIV Prevention and Control Programs” as one agreed country-level monitoring and evaluation system in January 2007. The GOV is trying its best to combat the spread of HIV and recognized the need for a multisectoral approach involving a wide range of partners ranging from multilateral and bilateral donors to international and national NGOs to combat the spread of the infection.

JICA is playing an important role to combat the spread of HIV by implementing HIV/AIDS/STIs Prevention and Control in JICA-Assisted Large-Scale Infrastructure ODA Projects. JICA is implementing HIV/AIDS/STIs Prevention and Control Activities in Large-Scale Infrastructure ODA Projects if the number of construction workforce is more than 300, amount of the project is more than five (5) billion yen, and the duration of the project is more than half year. JICA is emphasizing on implementation of HIV prevention in countries with national HIV prevalence more than 0.1%. National HIV prevalence in Vietnam is at 0.5% and, therefore, JICA is including HIV prevention activities in most of large-scale infrastructure ODA projects.

Recommendations

Conclusion of MOU between Stakeholders of the Project

Service Providers (TRACOHE, CDECC, and VINAFFPA) reported that Contractors (those are Japanese Construction Companies) are interested in HIV/AIDS/STIs Prevention and Control activities for construction workforce. However, Subcontractors (those are Vietnamese Construction Companies) give the HIV/AIDS/STIs Prevention and Control activities for construction workforce low priority. Subcontractors do not allow their construction workforce to effectively participate in the HIV/AIDS/STIs Prevention and Control activities

in daytime as they consider HIV/AIDS/STIs Prevention and Control activities as wastage of valuable time of their construction workforce to meet their construction schedules. Service Providers are providing HIV/AIDS/STIs Prevention and Control activities to construction workforce at off-work time or in holidays.

Service Providers need proper place (sufficient in size to accommodate all participants, proper sitting arrangements, proper light, proper arrangement for electricity for audio/visual equipment, nearby washrooms with drinking water, sufficient exits in case of emergencies, etc.) for conducting effective HIV/AIDS/STIs Prevention and Control activities for construction workforce. However, subcontractors do not provide proper place for conducting effective HIV/AIDS/STIs Prevention and Control activities for construction workforce, especially HIV/STIs Prevention Education Campaigns for construction workforce.

Executing Agencies of JICA-Assisted Large-Scale Infrastructure ODA Projects should make stakeholders of the Project (Contractor, Subcontractors, Project Implementation Consultant, and the Service Provider) responsible to conclude MOU clearly defining roles and responsibilities of each party for implementing HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities, including asking Contractor and Subcontractors to allow construction workforce to effectively participate in the HIV/AIDS/STIs Prevention and Control activities in daytime; provide proper place (sufficient in size to accommodate all participants, proper sitting arrangements, proper light, proper arrangement for electricity for audio/visual equipment, nearby washrooms with drinking water, sufficient exits in case of emergencies, etc.) to implement HIV/AIDS/STIs Prevention and Control activities for construction workforce; and to allocate fix time and duration for weekly or monthly HIV/AIDS/STIs Prevention and Control activities for construction workforce through consultations with the Service Provider.

Capacity Building of Local NGOs and Relevant Government Agencies/Organizations in Project Areas

Generally, the local NGOs are serving as the implementing agencies for HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities of infrastructure projects in Vietnam. The existence of local NGOs with a professional vision and mission, full time staff, and efficient organization and management systems is a relatively new phenomenon in Vietnam, but are increasing in number and capacity. Therefore, JICA should consider the capacity building of local NGOs working in HIV/AIDS/STIs Prevention and Control in Vietnam to provide efficient and effective HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities.

JICA should also consider to improve the capacity of relevant local government agencies/organizations working in HIV/AIDS/STIs Prevention and Control activities in the JICA-Assisted Large-Scale Infrastructure ODA Project areas for the efficient and effective implementation of HIV/AIDS/STIs Prevention and Control activities for construction workforce and members of the surrounding communities, and to provide a sense of ownership among relevant local government agencies/organizations.

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