The Far Away From Home Club

HIV Prevention and Policy Implementation Feedback for Migrant and Mobile Populations in the Mekong River Delta, Viet Nam

UNAIDS BEST PRACTICE COLLECTION

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Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
CSEARHAP	Canada South East Asia Regional HIV/AIDS Programme
HCCN	HIV/AIDS/STI Community Clinics Network Project
HIV	Human Immunodeficiency Virus
MST	Multisectoral Team (National)
PMST	Provincial Multisectoral Team
UNAIDS	Joint United Nations Programme on HIV/AIDS
VAAC	Viet Nam Administration for HIV/AIDS Control

Definitions[1]

Mobile people—those who move from one place to another, temporarily, seasonally or permanently for a host of voluntary or involuntary reasons. They include truck drivers, seafarers, transport workers, agricultural workers, business people, traders, employees of large industries, government officials, uniformed service officers, construction workers and sex workers.

Migrants—mobile people who take up residence or who remain in a place away from home for an extended period.

People affected by mobility and HIV—those at risk of exposure to HIV and its impact through interaction with others who are mobile, even if they are not mobile themselves. They include people who live at the places from where mobile people come, and people living in places where mobile people go. They include spouses, children and elderly people.

Mobility Systems—the evolving physical, economic, social, political and cultural contexts in which people are affected by mobility. They are the net effect of the changing environment, development strategies, governance systems, policies and decisions, and cultural stability or transition. All these factors influence individual's ability to make choices and participate in, or benefit from, economic and social development.

[1] UNAIDS (2001). Population Mobility and AIDS, UNAIDS Technical Update, UNAIDS, Geneva http://data.unaids.org/Publications/IRC-pub02/JC513-PopMob-TU_en.pdf

Summary

Although HIV prevalence in Viet Nam remains lower than found in neighbouring countries, the spread of HIV in key populations at higher risk of exposure continues, mitigated by only limited prevention, treatment and care programmes. In Viet Nam's concentrated epidemic, injecting drug users have been most heavily affected by the epidemic, since the detection of the first case in 1990 in Ho Chi Minh City. Data collected among populations at risk of HIV exposure since 1994 indicates that injecting drug use, sex work, husband-to-wife transmission and unprotected male-to-male sex fuel the spread of the epidemic. Proportionally more women have become infected in the last decade, particularly as most-at-risk groups such as female sex workers engage in injecting drug use and male injecting drug users infect their female partners. Ministry of Health projections for 2005–2010 warn that as more people get infected each year, prevalence will continue to rise, the epidemic will remain in a rapid growth phase for the foreseeable future.

The same projections caution programmers about the growing number of HIV-positive young males who are not drug users but who are often clients of sex workers, calling for timely prevention activities. In areas of rapid economic development and increasing internal migration, such young men often are workers in construction, industrial and manufacturing enterprises while far away from home; they are known as mobile men with money. Factors such as separation from family and communities, harsh working conditions, lack of accessible and affordable health and social services, and limited prevention activities available and accessible to mobile populations contribute to an increased vulnerability of these migrants and mobile populations to HIV and other sexually transmitted infections.

The Socialist Republic of Viet Nam, working closely with international and national partners, has made strong policy and planning commitments to respond to the spread of HIV and mitigate the negative impact of AIDS on its thriving society. These commitments include the National Strategy on HIV/AIDS Prevention and Control in Viet Nam till 2010 with a Vision to 2020. The Administration for HIV/AIDS Control (VAAC) reports on national HIV issues and progress to a multisectoral committee, the National Committee for HIV/AIDS, Drugs and Prostitution Prevention and Control, which is chaired by a Deputy Prime Minister. In 2006 the Law on HIV/AIDS Prevention and Control was passed, including a specific article, Article 16, on HIV/AIDS Prevention and Control among Mobile Population groups. Decree 108 gives further guidelines on implementing the law.

Limited human resources and capacity to implement the above policy and planning commitments have led to substantial capacity building efforts funded by bilateral and multilateral donors. Between 2000 and 2005 these efforts were mainly focused on the national level authorities and institutions. However, in 2005, with support from the Canada South East Asia Regional HIV/AIDS Programme (CSEARHAP), the Department of Labour, Invalids and Social Affairs, Department of Social Evils Prevention, and the Trade Union office in Can Tho province have taken the lead in mitigating the HIV vulnerability of migrant workers at the provincial level.

The project's main activities centre on the Far Away From Home Club—an initiative that focuses on implementing national policies and providing policy feedback from the provinces to national authorities, while organizing prevention activities for migrant and mobile populations in Can Tho City's Ninh Kieu district. During its implementation,

the Club has built a core group of 10 peer educators, direct and indirect sex workers and migrant workers from neighbouring provinces, who have become the main drivers of activities. Through their engagement of the private sector in workplace interventions, outreach at hotspots for direct and indirect sex workers, support for referral systems to voluntary counselling and testing and sexually transmitted infection treatment sites, the club touches the lives of hundreds of migrants and mobile people every month. This publication describes a successful component of the HIV prevention and control efforts for mobile populations in Can Tho Province, the Far Away From Home Club.

Introduction

Viet Nam's rapid economic development and growth over the last decade has resulted in increased levels of mobility both within the country and across its borders. Large infrastructure and development projects coupled with industrial growth have encouraged young people and workers from all over the country to move to major cities and provinces. Since its designation as an Industrial and Processing Zone in 2002, Can Tho province, in the south western region of the country, has stood out as a magnet destination for migrant workers as it is the largest city in the Mekong River Delta.

This publication describes a successful component of the HIV prevention programme for mobile populations in Can Tho province, the Far Away From Home Club. Organized by a Provincial Multisectoral Team, under the leadership of the Department of Labour, Invalids and Social Affairs and the Trade Union, the Club empowers members of mobile populations such as sex workers and internal migrants to provide peer support opportunities for women working in street-based and established sex services by providing life-skills training focusing on assertiveness and decision-making, coupled with training on the development of advocacy skills and plans, and launching advocacy activities on issues that affect its members. Throughout the duration of the project, a core team of 10 peer educators have supported over 60 Far Away From Home Club members; they have received and shared information and skills that reduce their likelihood of exposure to HIV. These members return to their social networks and informally share their knowledge and skills to hundreds of people every month.

Epidemiological data

Following the diagnosis of the first HIV case in Viet Nam in 1990, it was identified that the HIV epidemic spread mainly among injecting drug users. As of September 1999, all of Viet Nam's 64 provinces had reported HIV cases. By May 31 2006, a total of 108 789 HIV cases were reported in the entire country, of which 18 421 were AIDS patients.[2] Although the reported cases are lower than the forecast of 197 500 by 2005 included in the National Strategy of HIV Prevention, UNAIDS estimated that about 283 000 Vietnamese are HIV-positive, a prevalence of 0.53%[3]. As prevalence in the general population continues to remain low, the status of Viet Nam's HIV epidemic is classified as concentrated due to high prevalence in select groups at high risk of HIV exposure such as injecting drug users and sex workers. Reported cases are estimated to be much lower than reality due to the limited availability of testing, under-reporting and misclassification in the system of reporting HIV cases. UNAIDS estimated that, in 2006, HIV prevalence among high-risk groups, injecting drug users and female sex workers, was 34% and 6.5%, respectively.[4]

Over the last decade several main trends have characterised the transmission patterns of HIV: continued low rates of condom use among young, sexually active people, and the

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[2] VAAC, http://www.vaac.gov.vn/view/vn/folder_homepage.asp?code=2 accessed on August 2, 2007

[3] UNAIDS (2006). Summary of the HIV epidemic in Viet Nam. http://www.unaids.org.vn/facts/docs/key_messages_sep_2006_e.pdf

[4] UNAIDS (2006). Summary of the HIV Epidemic in Viet Nam. p. 2

spread of HIV increasingly among the younger and economically active population. While in the most recent surveillance 60% of the HIV cases were among injecting drug users[5], HIV prevalence among sex workers increased over a hundred fold in a decade to 6.5% in 2005[6], from 0.06% in 1994. HIV prevalence among a small sample of men who have sex with men in Ha Noi and Ho Chi Minh City (790) was found to be 9% and 5% respectively.[7] The long latent phase of infection of HIV and current incidence warn of the likelihood of increasing HIV prevalence among the socially and economically productive segments of society in the near future.

Furthermore, since 2005, UNAIDS has pointed to the increase in overlap between drug use and sex work.[8] The National HIV/AIDS Strategy quotes studies among female sex workers in Hanoi that found over 40% of sex workers were also injecting drug users. Although initially people infected with HIV were mostly male, the epidemic in Viet Nam is also experiencing an increase in infection among women as males pass on the virus to their regular and casual female partners. The high ratio of female sex workers who also inject drugs contributes to the increased proportion of women directly affected by the epidemic, as does the increased rate of men infecting their female partners in both rural and urban areas. Although data from antenatal clinics remains limited, the current information on the epidemic mandates more serious efforts to curb unsafe behaviours particularly in the area of men infecting their wives and other female partners.

Viet Nam's response to the spread of HIV

Differently from some of its neighbours, Viet Nam has overall good health indicators, despite its low-income country status. In addition to an extensive health care system, there are a variety of community-based organizations that support the measures responding to several major health issues. In the past, Viet Nam has demonstrated its ability to control infectious diseases, such as severe acute respiratory syndrome in 2003 and had substantial success in managing the avian human influenza virus, H5N1, in the first part of 2004.[9]

Various governmental and medical mechanisms have been in place since the early 1990s when the first cases of HIV were identified. The Government of Viet Nam specifically acknowledges HIV as an important development issue which requires the mobilization of different stakeholders outside the health sector. The Viet Nam Administration for HIV/AIDS Control (VAAC) within the Ministry of Health reports on national HIV issues and progress to a multisectoral committee, the National Committee for HIV/AIDS, Drugs and Prostitution Prevention and Control, which is chaired by a Deputy Prime Minister.

Starting in 2001, an HIV sentinel surveillance system has monitored the spread of HIV among members of six groups of special interest in 40 provinces and cities, although initial data on HIV testing date back to 1994. In 2007, HIV testing was available in all 64 provinces, although access to these services is limited for those most-at-risk of exposure to HIV. The health authorities have received support in planning and implementing harm-reduction programmes from many donors and international organizations such as the Joint

[5] VAAC, National HIV/AIDS Strategy – Part II: Bases for Building the Strategy

[6] UNAIDS (2006). Summary of the HIV Epidemic in Viet Nam. p. 1

[7] IBBS, (2006): NIHE/FHI.

[8] UNAIDS (2007). Viet Nam at a Glance, accessed on August 21, 2007. www.youandaids.org

[9] UNAIDS (2007). Viet Nam at a Glance. www.youandaids.org

UN Team on HIV, the United States President's Emergency Plan for AIDS Relief, the World Bank, the Asia Development Bank, the Global Fund to Fight AIDS, TB, and Malaria, the UK Department for International Development, the Canadian International Development Agency, and Family Health International, but also from local community organizations.

At the policy and regulatory level, the central government and leadership of the Communist Party of Viet Nam have recognised the threat and urgency to take action against HIV since its early days. Starting in 1993, the Government of Viet Nam has formulated and implemented several plans and strategies, including: 1993–1996 and 1996–2000 medium-term plans for HIV Prevention and Control, the 2001–2005 HIV/AIDS Prevention and Control Plan, and most recently, The National Strategy on HIV/AIDS Prevention and Control in Viet Nam till 2010 with a Vision to 2020. The guiding principles for the national strategy include:

- HIV prevention and control are considered a central, urgent and long-term task that requires multisectoral coordination and the strong mobilization of the entire society;
- combating stigma and discrimination against HIV-infected people; and
- promoting multilateral and bilateral cooperation with neighbouring countries.

The priority activities include intensifying behavioural change information, education and communication initiatives with other related programmes to prevent and reduce HIV transmission.[10]

In 2005, the national strategy recognized some challenges to the prevention of HIV transmission including:

- inadequate understanding of HIV prevention strategies by the administration and its officials;
- the need to improve the legal documentation on HIV prevention;
- the association of HIV with social phenomena such as injecting drug use and sex work; and
- the socioeconomic conditions of the groups most affected by HIV.

The stigma and discrimination resulting from these challenges hampered positive attitudes and understanding of HIV prevention, control and care for the populations who most need it. In response to the lack of legal documentation on HIV prevention and control, the first ever law on a specific disease control in Viet Nam was developed and passed by the National Assembly of the Socialist Republic of Viet Nam in June 2006. The law was the first document to recognise and address the specific HIV vulnerability and needs of mobile populations in Viet Nam in Article 16. The main principles that guide the response to HIV include:

- behaviour change communications;
- multisectoral collaboration and social mobilization;
- integrating HIV prevention in harm-reduction measures; and
- eliminating the stigmatization of, and discrimination against, people living and affected by HIV.

[10] VAAC (2005). National Strategy of HIV Prevention till 2010 and Vision to 2020 - Part III

Promoting the same principles of the national strategy for HIV prevention and control, Article 16 on HIV prevention and control among mobile population groups mandates that:

- each administrative unit (commune, ward or township) will be responsible for organizing informational and educational communication about HIV prevention and control among new residents coming from other areas;
- workplace interventions on HIV prevention and control and appropriate harm reduction measures must be provided by owners and managers of enterprises;
- pre-departure orientation and education for Vietnamese workers sent abroad should be provided by agencies and organizations.

Despite the progressive content of the legislation, a National Policy Review on Mobility and HIV Vulnerability conducted by CSEARHAP in 2006 concluded that current policies had some limitations with regards to their implementation in Can Tho City and province. The main challenges to policy implementation at the provincial level included:

- the lack of measures for HIV prevention for undocumented migrants or residents of Can Tho;
- limited capacity of the local authorities to implement the Law on HIV Prevention and Control, particularly the components on HIV and mobility; and
- lack of comprehensive planning and action at the provincial level, despite the national strategy and action plan.[11]

The national policy review recommended that in order to improve the application and operationalization of the National Strategy and Law on HIV Prevention and Control legal literacy and in-depth understanding of migration and mobility must be integrated into capacity building efforts for officials involved in the response to HIV. The groups most in need were the People's Committee and other relevant departments and district and commune level officials. Efforts in the last 25 years have been moderately successful in building the capacity of the central leadership to respond to the HIV epidemic. However, this capacity building has not always trickled down to the provincial and district level authorities.

Mobility, migrants and the HIV epidemic in Viet Nam

Factors such as improved transportation systems, the shift from agricultural to industrial economies, and better employment opportunities in geo-strategic cities and regions

> *Over 70% of all workers in the industrial parks and export processing zones in Viet Nam are migrant workers.*
>
> - Dr. Dang Nguyen Anh

have encouraged increased levels of mobility among young and economically productive members of many societies in South East Asia. Given its exceptional rate of economic development over the last few years, Viet Nam is no exception to this phenomenon. This boom of employment and economic activity is accompanied by higher incomes for the individual and

[11] CSEARHAP (2006). National Policy Review on HIV and Mobility.

their families, and eventually better standards of living for source and destination communities. There are, however, some negative side-effects to economic migration that results in increased vulnerabilities of migrant and mobile populations to HIV. They include but are not limited to:

- disruption of social relations with family and community members;
- working conditions in sectors that hire migrants;
- isolation from the destination community members and social activities; and
- lack of information and access to services and products, particularly social services accessible to those with resident status.

Despite agreement by all stakeholders involved in HIV prevention and control that migration and mobility by themselves do not cause HIV infection, because of the above-mentioned factors, migrants and mobile people engage in unsafe behaviours such as unprotected sex with one or many partners and injecting drug use. Additionally, as HIV prevention and health care services are not specifically targeted towards migrants and mobile populations these groups tend to have poorer access to such services. This is especially true since migrants and mobile people tend to work longer hours or at night, and are often not registered as residents in the area where they work.

Human rights and gender issues

In the past decade, the UN Gender-related Development Index for Viet Nam has improved significantly and is among the best in the region. Despite the high level of literacy, women lag slightly behind men, with 86.9% of women over 15 years old literate compared to 93.9% men. The proportion of female representatives in the National Assembly is over 27%, ranking among the highest in Asia. The Law on Gender Equality was passed by the National Assembly, effective since 1st July 2007.

Despite the above achievements, Vietnamese women remain more traditional in their sexual behaviours than men. While 21% of 15–24-year-old men had sex with a casual partner in the last 12 months, only 0.7% of the women from the same age group had similar sexual contacts.[12] This difference in norms and behaviours is even more pronounced in the provinces—many women regard themselves as powerless in negotiating condom use, even when they are confident in how to use them correctly. Furthermore, it is common for men to have multiple partnerships, while women are expected to remain faithful and monogamous, a norm that has contributed to the rise in husband-to-wife infections. A study on Gender and HIV work in Viet Nam found that "there are three types of women with which a man may have sexual relations: his wife, his lover, and a sex worker. Many men do not consider having sex with sex workers to be inconsistent with their love for their wives."[13] Because wives gain social status and recognition from marriage, the study found that it was harder for them to seek divorce and it is usual for them to tolerate their husband's sexual relationships with others. In the case of mobile populations, this gender imbalance is enhanced by the absences of the man who is a migrant or employed in a sector that requires frequent travel—convincing anecdotal evidence suggests that upon return home neither the husband

[12] UNAIDS (2007). Viet Nam at a glance

[13] Nguyen Huu Minh et al (2005) Love, Marriage and HIV: A Multisite Ethnic Study of Gender and HIV Risk. Hanoi, Viet Nam, Columbia University, http://www.sms.mailman.columbia.edu/cgsh/lmhiv6.html#recent accessed in September 2007.

nor the wife feel able to discuss what has happened while apart, and neither feels confident to negotiate condom use, which is considered lack of trust or proof of infidelity.

Viet Nam has neither signed nor ratified the 1990 International Convention on the Protection of the Rights of All Migrant Workers and their Families.[14] However, in July 2007, the heads of state of all ten countries in the Association of South East Asian Nations, of which Viet Nam is a member, adopted a statement on HIV/AIDS which recognised that mobile populations are one of the groups vulnerable to HIV[15] and signed the ASEAN Declaration on the Protection and Promotion of the Rights of Migrant Workers,[16] two documents that sought to protect and promote the rights of migrant workers.[17] Although the focus of these documents is on cross-border migrants, it demonstrates that the central level authorities in Viet Nam are actively engaging in reducing the vulnerabilities of migrant and mobile populations.

The Far Away From Home Club

Can Tho Province: a Socioeconomic and Health Overview

Can Tho City is the largest city in the Mekong Delta and in 2006 the province grew 16%, faster than all of the other 12 provinces in the south western region of Viet Nam. One of the two important tasks under implementation by the central and local authorities is an improvement of the infrastructure of the local economy in order to contribute to the economic development of the entire region.[18] A major project within this task is the construction and upgrade of trade works in Can Tho City in 2007–2020. The investment of the municipal authorities of US$ 210 million is expected to boost annual growth of sales of goods and services by 25% until 2010. Furthermore, the city of Can Tho recently finished the first construction stage of the Cai Cui Port that will have the capacity to receive thousands of ships.[19] Two other projects were underway in Can Tho in the 2005–2007 period; the renovation of the airport and the Can Tho Bridge.

The Can Tho airport project is a US$ 23.2 million renovation, funded from the state budget. HIV impact assessment studies are not required by the provincial authorities, so no HIV impact assessment was conducted and the integration of HIV prevention activities for construction and infrastructure development contracts bidding was not required. Therefore no activities focusing on reducing the vulnerability of migrants are included in the plans for this project. Conversely, the Can Tho Bridge project, funded by the Japan Bank for International Cooperation, required an HIV impact assessment, which led to HIV prevention activities being implemented by the contractors.

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[14] Taran P.A. (2002) Promotion of the 1990 International Convention on Migrants Rights – An Initial Summary –National and International Advocacy, International Labour Organization (ILO), accessed at http://www.migrantsrights.org/documents/SummaryCampaign0402.pdf

[15] http://www.aseansec.org/19322.htm

[16] http://www.aseansec.org/19264.htm

[17] Gonzales, Stela (2007) ASEAN Assumes Migrant Rights Duties. Inter Press Services, http://www.globalpolicy.org/socecon/labor/2007/0802labor.htm

[18] Viet Nam Economic News Online. The Mekong Delta Goes Ahead with the WTO, June 08, 2007 http://www.ven.org.vn/English/?news=1204

[19] Viet Nam Business Forum, Can Tho to Invest US$210 Mln in Trade Projects until 2020. June 18, 2007 http://vibforum.vcci.com.vn/news_detail.asp?news_id=10141

All of these construction, reconstruction and upgrade projects have required an influx of workers from neighbouring provinces to Can Tho province. A baseline study of the knowledge, attitudes and practices of mobile populations in Can Tho showed that two-thirds of the respondents had resided in Can Tho for over three years, but they had travelled out of the province often in that time.[20] The migrant population includes female sex workers, migrant workers on construction sites, industrial and exporting zones, returnees from Cambodia, mobile workers at river ports and bus stations. It is estimated that there are 1100–1600 female sex workers in Can Tho province, of whom 400–500 are street-based sex workers; the same authorities place the number of injecting drug users at between 2200–2500.[21]

In the last decade, the number of HIV cases in Can Tho has increased at least ten fold, from 73 in 1997 to 733 in 2006.[22] The trend points upwards, particularly among key groups at higher risk of exposure to HIV, such as female sex workers and waitresses. The following table shows the trend of HIV infection among these two groups collected through focus supervision data:

Table 1 – Trend of HIV Infection among Female Sex Workers and Waitresses[23]

Group	2000	2001	2002	2004	2005	2006
Female Sex Workers	72/6 8.33%	190/29 15.26%	164/39 23.78%	145/47 32.4%	196/33 16.8%	189/64 33.9%
Waitresses	328/1 0.3%	200/2 1%	200/1 0.5%	255/2 0.78%	204/1 0.49%	300/8 2.6%

Over half of the 5100 HIV infected people in Can Tho province until May 30, 2007 are aged 20–29 years old, and over 90% are less than 39 years old—the most economically productive age group in society. Although the major population affected by HIV in Can Tho remains injecting drug users who make up 19% of people living with HIV, cumulative HIV infections among mobile groups such as female sex workers, waitresses, youth from rural areas, and newly recruited soldiers account for over 10% of all infections.

The overlap in risky behaviours such as sex work and injecting drugs and the low condom use rates that characterize both injecting drug users and female sex workers point to the increased risk of HIV transmission from these groups to the general population. Following the national trend, increased injecting drug use among female sex workers was a second but substantial risk behaviour in among both street-based and karaoke-based sex workers in Can Tho. The HIV/STI integrated Biological and Behavioural Surveillance in Viet Nam in 2005-2006 found that approximately 17% of sex workers in Can Tho reported drug injecting, the highest levels in the country.[24] More light was shed on the HIV situation in Can Tho by a behavioural surveillance survey conducted by the Vietnamese national health authorities in cooperation with Family Health International and focused on groups at high risk of HIV exposure in five provinces. Research found that a high proportion of members

[20] Life Centre, p. 11

[21] Provincial AIDS Committee (2007). HIV/AIDS Statistics in Can Tho City, p.1

[22] Ibid.

[23] The data presented in Table 1 was collected through focus supervision data and therefore can be used as an indicator of trends in infection rates.

[24] NIHE (2006) IBBS, 2005-6. Hanoi. Ministry of Health, p. 30

of populations at risk of HIV exposure knew about condoms as a method of HIV prevention, their knowledge ranged from 89% to 100%. However, this knowledge did not translate into safer behaviours as illustrated by data in Table 2.

Table 2 – Condom use rate among key groups in Can Tho Province[25]

	Street-Based Sex workers	Karaoke-Based Sex Workers	Injecting drug users	Migrant Workers
condom use rate at last sexual act with commercial partner	94.8%	96%	57.1%	73.9%
condom use rate at last sexual act with casual partner	79.5%	93.3%	25.0%	26.7%
condom use rate at last sexual act with regular (non-paying) partner	23.6%	76.3%	22.9%	9.5%
consistent condom use rate with commercial partner in past 12 months	66.5%	76.4%	38.1%	62.1%
consistent condom use rate with casual partner in past 12 months	58.3%	81.7%	9.1%	13.3%
consistent condom use rate with regular (non-paying) partner in past 12 months	20%	66.9%	14.6%	3.2%

As these data show, consistent condom use is low with regular and casual partners in all groups, particularly migrant workers. Both street-based sex workers and migrant workers had high mobility levels, a fact confirmed by a more recent Knowledge, Attitudes and Practises study by the Can Tho provincial multisectoral team conducted in 2005. HIV prevalence among street-based sex workers and karaoke-based sex workers in Can Tho was 29% and 2.6% respectively.[26] Furthermore, although self-reported condom use from sex with commercial partners was high, the more recent Integrated Biological and Behavioural Surveillance, 2005-2006, confirmed that rates of condom use with non-commercial partners among street-based sex workers in Can Tho remain extremely low: 20–30%. Condom use rates were even lower for karaoke-based sex workers, 11–22%.[27] The data available to the provincial multisectoral team and the national level programming support clarified the need for programming that focuses on increasing consistent condom use among sex workers and non-commercial clients.

[25] Family Health International (2002) HIV/AIDS Behaviour Surveillance Survey. Viet Nam http://www.fhi.org/NR/rdonlyres/e5vdojxh3pqriv2ntgp2hpw7m7zts675u5dxdjs4hcm6izmnz2in7qovnbm7hyzzr4khdw5ulphd3c/BSSVietnam2000.pdf

[26] National Institute of Hygiene and Epidemiology (2006). Results from the HIV/STI Integrated Biological and Behavioural Surveillance (IBBS) in Viet Nam, 2005-2006. MOH, p. 20

[27] NIHE (2006) IBBS 2005-2006. Hanoi. MOH, p. 56

Background to the Far Away From Home Club

In 2005, Can Tho City developed its own strategy on HIV prevention and control for the period 2005–2010. For the first time, mobile populations were specified as one of the priority groups for HIV-transmission prevention programming. This long-term strategy has been mainly implemented by the City Health Department, while other key sectors and departments, such as the Department of Labour, Invalids and Social Affairs and the Trade Union, have developed annual action plans that address needs for HIV prevention among main mobile populations at risk of exposure to HIV. Can Tho City has a committee on HIV prevention and control, but did not establish a specific mechanism on matters relating to HIV and mobility until 2004. CSEARHAP Viet Nam supported the development of a provincial multisectoral team (PMST) on HIV and mobility to provide technical support on HIV and mobility to the Can Tho City authorities.

Starting in 2004, CSEARHAP initiated a project with the Can Tho Department of Labour, Invalids and Social Affairs and the Can Tho Trade Union to undertake HIV prevention activities with migrants working as casual labourers, truck drivers and sex workers. The project established the Far Away From Home Club, which aims to provide a supportive and empowering environment for sex workers and other migrant workers in Can Tho City, and includes services such as peer counselling. The project is under implementation in Can Tho City, covering about 1389 km^2 and a population of 1 121 141 people. A recent mapping by the multisectoral team focused on the number of venues where direct and indirect sex workers could meet their partners: 202 indirect-sex venues and 66 direct-sex venues were identified in Ninh Kieo district of Can Tho City alone.

The baselines study conducted by the provincial multisectoral team in Can Tho found that almost all respondents were aware that anyone can become HIV-positive. However, qualitative data revealed that while most respondents had some basic knowledge about the main modes of HIV transmission, the mobile workers, both male and female, did not perceive themselves at risk of contracting HIV because, according to some, they "do not do the wrong things."[28] Other common misunderstandings included lack of understanding about the difference between HIV and AIDS, and of the means and methods of prevention.[29]

Furthermore, the baseline study pointed to a general lack in knowledge among key populations of their rights to access testing, care and support services, as a priority population under the Law. One of their main concerns was the issue of testing confidentiality. The Decision on Promulgation of Voluntary HIV Counselling and Testing Guidelines defines confidentiality and voluntariness as two key principles of testing in Viet Nam, should ensure that both anonymous and confidential testing is available.[30] The reality on the ground is different. Local policies hinder the implementation of the national laws and policies, especially in terms of reducing stigma and discrimination against people infected and affected by HIV. For example, Can Tho City has a policy that all staff in entertainment facilities such as those working in restaurants, karaoke bars, massage parlours, housekeeping and barber shops must have mandatory medical check-ups including HIV tests with the cost for testing borne

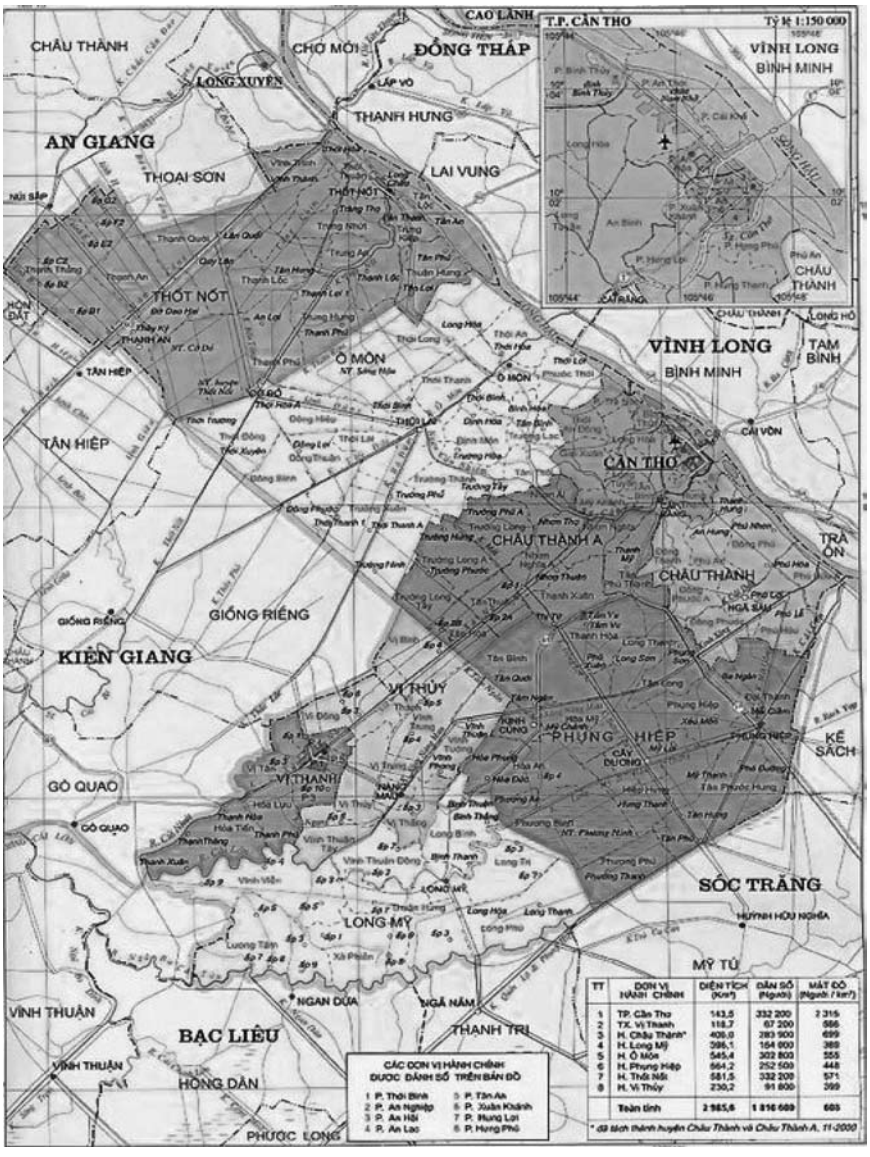
[28] Life Centre (2006). Baseline Survey on the HIV Vulnerability of Migrants and Mobile Populations in Can Tho. Viet Nam. CSEARHAP. p. 14

[29] Life Centre (2006). p.14-5

[30] MOH (2007) Decision on the Promulgation of VCT Guidelines. Hanoi. p. 2

by the employer. Although based on the above mentioned Decision, both principles of confidentiality and voluntariness are applied to these cases, pressure from the establishment owners to disclose results, and sometimes the direct disclosure of test results as part of the routine health check-ups is not uncommon. Moreover, although this regulation contravenes the Law on HIV Prevention and Control and the above mentioned Decision, the 2005 Knowledge, Attitudes and Practises study found that this regulation was often supported by the workers themselves who believed that the workplace needed to be HIV-free. During a focus group discussion for the project evaluation, several participants mentioned that dismissal was reasonable because all owners dismissed HIV-positive employees, and usually the employee moved on to another job where no one knew their status.[31] The active dismissal of HIV-positive staff results in increasing their mobility and destabilizing their lives, at a time when they most need support.

Map 1 – Project Sites for the Far Away From Home Club



[31] Focus Group Discussion with Direct Sex Workers. Can Tho, Viet Nam, September 12, 2007

Project details

Goal and objectives

The overall project goal is to help reduce the risk of exposure to HIV among migrants and mobile populations (and their families) in Can Tho and neighbouring provinces.

The project has five objectives.

1. To provide migrant and mobile populations with adequate knowledge and skills to protect themselves from HIV infection.
2. To facilitate conditions to ensure migrant and mobile populations having access to health, social and legal services.
3. To build capacity and assist service providers and enterprises in development and implementation of HIV-prevention policies and programmes in their workplaces.
4. To assist concerned central and local government bodies to formulate disciplines and penalties on employers who refuse to develop company's HIV prevention policy and programme.
5. To strengthen capacities of the project stakeholders in planning and implementation of migrant and mobile population-centred HIV-prevention programmes.

Main groups reached by the projects activities included the following.

- Three groups of migrant and mobile populations:
  - migrant and mobile workers engaged in transport, construction and those working in processing zones;
  - migrant and mobile sex workers based on streets or working in entertainment establishments, hotels; and
  - labourers who intend to migrate within Viet Nam or overseas and are registered at Vocational Training Centres, Job Introduction Centres, Labour Export Centres.
- Service providers and companies/factories owners and managers;
- Central and local government bodies who were main partners in the implementation of all Far Away From Home Club activities.

Key Players

The initial cooperation of the following key organizations started through regular meetings of the Provincial Multisectoral Team, without which cooperation among organizations was quite difficult. The head of the Department of Labour, Invalids and Social Affairs, Ms. Nhat Phuong shared that the project and its capacity building efforts provided the necessary momentum to coordinate activities by learning from national and international experts and local technical support.

The Department of Labour, Invalids and Social Affairs: mandated by the National Strategy for HIV Prevention till 2010 and Vision to 2020, the Department has taken the lead in implementing activities planned in close cooperation with the Trade Union and other members of the CSEARHAP provincial multisectoral team on Mobility and HIV

(PMST). One of closest partners of the Department's officials is the team of the Department for Social Evils Prevention, also members of the Provincial Multisectoral Team. Under the supervision of the Can Tho People's Committee, the Department of Labour, Invalids and social Affairs was the lead partner in the Project Management Board of the Far Away From Home Club activities.

Can Tho Trade Union: since 2006, the Trade Union of Can Tho has participated in capacity building efforts and become more involved in the Provincial Multisectoral Team. With technical and financial support from CSEARHAP, the Trade Union developed and is currently implementing the Action Plan to Implement HIV Prevention among Migrant Labourers and Workers, 2006–2008.

Provincial AIDS Committee: provides technical support to the Department of Labours, Invalids and Social Affairs and the Trade Union to implement the CSEARHAP demonstration project. Their support focuses on approving curricula used, conducting training for peer educators on HIV and other sexually transmitted infections, mentoring the Trade Union staff on their ongoing outreach activities, providing free condoms, information, education and communication materials and conducting joint advocacy events with those funded by CSEARHAP.

The **HIV/AIDS/STI Community Clinics Network** project: funded by the Canadian International Development Agency, provides reproductive health services such as check-ups, diagnosis, and treatment of sexually transmitted infections for sex workers, drug users and youth free of charge. Thus CSEARHAP has been working closely with the Health Community Clinics Network and referring migrants and mobile people reached by the Club for such services to the Network. The Far Away From Home Club members also share information with their peers on the Health Community Clinics Network's services. Besides the referral system, information, education and communication materials developed by CSEARHAP were reprinted by the Network for wider distribution in the Mekong River Delta.

DKT: a condom marketing company active in SE Asia also collaborates with CSEARHAP in organizing key advocacy events such as the commemoration of the World AIDS Day, as well as sharing activities with other self-support clubs in Can Tho province. The company provides free condoms for workers in the workplace.

CARE International: works with CSEARHAP to conduct HIV prevention at workplaces, processing and industrial zones as well as advocating to the business sector to create jobs for people living with HIV.

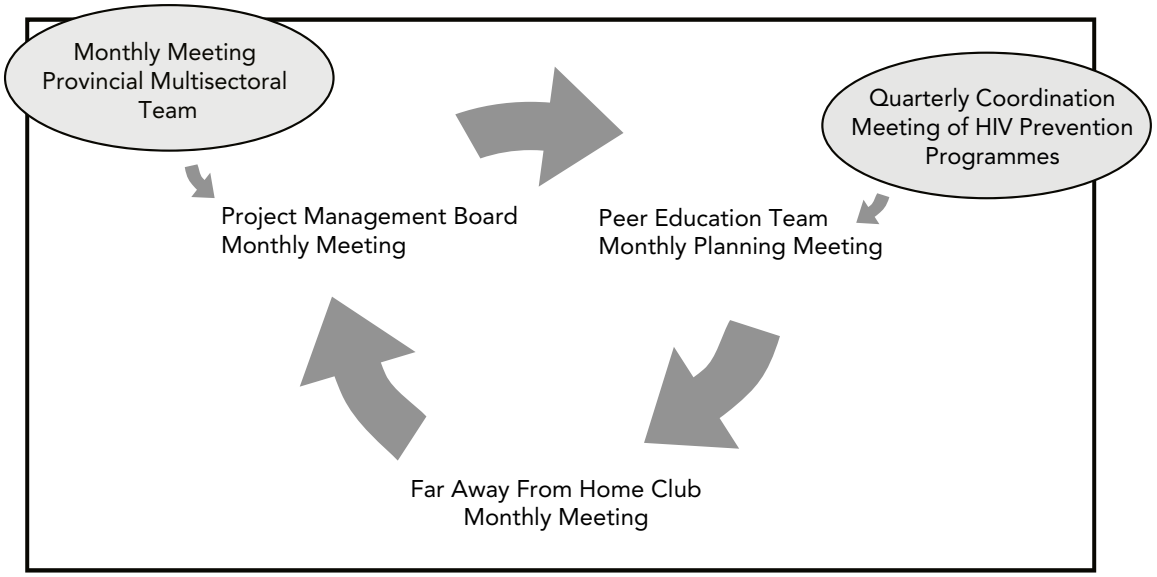
Key Activities

Provision of knowledge and skills to migrant and mobile populations

During the initial phase, the project in Can Tho succeeded in establishing a support network for female sex workers and migrant labourers under the auspices of the Department of Labour, Invalids and Social Affairs. The core group of over 10 peer educators, five sex workers and five migrant workers, became the main driver in planning and implementation of all outreach and workplace activities. The process of becoming peer educators involved a series of capacity building initiatives and refreshers, such as: training on HIV and other sexually transmitted infections, on AIDS, public speaking skills, mobility, gender and sexuality, stigma and discrimination.

The process of selecting peer educators is an important component of the Far Away From Home Club. In the Can Tho project, the peer educators were nominated by other peers or volunteered themselves after attending several of the initial meetings of the club. Whether introduced to the Club by a peer or brought to it from the need for information and access to services, the core team of peer educators inspire trust, confidence and dedication to sharing information that can help their peers prevent infection with HIV or other sexually transmitted infections. To best accomplish the activities listed below, this team received technical and programmatic support, as well as a transportation allowance from the project. The project management board equips peer educators with identification cards that offer them protection from public security forces. Furthermore, the project management board lobby the employers of the peer educators to allow them to take time off for the planned activities without penalizing them. The enthusiasm of the peer educators results in a self-selection process that ensures the core team can become the main driver of all activities, with the necessary financial and technical support from the management.

The Far Away From Home Club in operation



The range of activities organized by the peer educators with the close cooperation of the Project Management Board included the following.

- Provision of peer education and trainings to reduce HIV vulnerability, such as safer sex education and communication and advocacy trainings to all regular members of the Far Away From Home Club;
- Outreach to share information and skills-building with direct and indirect sex workers at hotspots such as cafés, massage parlours, and hotels;
- HIV awareness raising, condom use demonstrations, and training of site-based peer educators at workplaces: factories and construction sites;

> ***At the start, I joined just to get some information on HIV, but after two to three times I learned how to share opinions and information with bigger groups and was enthusiastic to share with others.***
>
> - Male Peer Educator, FAFH Club

- Monthly meetings of members of the Far Away From Home Club to review their experiences, monitor activities and plan for the upcoming month;
- Active participation in the development, testing and dissemination of key messages through information materials and condom use demonstrations; and
- Policy feedback on the implementation of various laws, decrees, decisions and regulations at the field level to the Provincial Multisectoral Team on Mobility and HIV, and through the national-provincial coordination mechanisms to the national multisectoral team.
- Coordination and sharing with peer educators and management of other HIV prevention programmes in Can Tho.

Ensure improved access to health, social and legal services for all migrant and mobile populations

During the evaluation of the project, members of the Far Away From Home Club conveyed their appreciation for the staff and peer educators in turning the Club premises into a welcoming and supportive environment. One of the main achievements of the project has been to ensure the confidentiality of all of those who seek help and support from the group.The assurance of complete anonymity and confidentiality has encouraged more sex workers and migrant workers to access health services through the referral of the Club members and peer educators. In particular, referrals were made to a variety of clinics that provide confidential and accessible services for mobile populations, including treatment of sexually transmitted infections voluntary counselling and testing, and general health check-ups.

> ***The FAFH Club is very positive and its leaders care about each member's situation. After attending Club sessions, I am more positive about my life, and I can share knowledge with friends and family.***
>
> - HIV-positive FAFH Club member

I feel confident sharing my experience at the HCCN clinic with others because they cured my illness. I already gave the address to my neighbour at the boarding house. My friend's illness went away and I recommended that when they have trouble, they should go to talk to the FAFH Club Peer Educator for an introduction letter.

– Female FAFH Club Member who accessed HCCN Clinic services

The Far Away From Home Club is cooperating with the HIV/AIDS/STI Community Clinics Network project, funded by the Canadian International Development Agency, which provides reproductive health services such as check-ups, diagnosis, and treatment of sexually transmitted infections for migrants and mobile populations free of charge. This newly established linkage between prevention education and prevention services greatly benefits the target population, as most members do not have access to other health services due to their unregistered status and inflexible working circumstances.

Capacity building for workplace interventions policy implementation

In addition to training the peer educator team on how to plan and conduct sessions at workplace interventions, one of the main activities supported through the Club has been networking with owners of enterprises and companies in the Industrial and Processing Zone in Can Tho. For example, in close cooperation with the Department of Labour, Invalids and Social Affairs and the Trade Union, the Kwong Lung-Meko Company developed a workplace intervention policy accepting that HIV is a problem which will actively support work to give their employees the knowledge and skills necessary to reduce possible risk of exposure to HIV. The company will fund all of the peer education activities and Bright Futures Network, a self-help group for people living with HIV, was invited to train a team of 10 peer educators in the premises of the company. CSEARHAP and the Provincial AIDS Committee supported the activities with information materials and condoms for demonstration, as well as mentorship for the peer education activities.

As a non-medical professional, we gained a lot of knowledge about issues of HIV, mobility, gender and sexuality. Through the trainings, I learned about many terms and concepts related to HIV prevention and control that enable me to do my job well.

- Ms. Ngoc Phuong, Chief of Department for Social Evils Prevention

Strengthen capacities of the project stakeholders in planning and implementation of migrant and mobile-centred HIV prevention programmes.

Throughout the various programme management trainings with technical and financial support from CSEARHAP, representatives of the Trade Union and the Department of Labour, Invalids and Social Affairs have developed two-year work plans that include specific activities to reach their goals on integrating HIV prevention in the workplace and conducting outreach for hard-to-reach mobile populations such as direct and indirect sex workers. The Director of the Department of Labour, Invalids and Social Affairs, also the Head of the Project Management Board for the Far Away From Home Club, praised the guidance and technical assistance that all staff received through trainings and mentoring. A unified and coordinated provincial multisectoral team learned how to plan a project that directly imple-

mented a national-level policy, particularly how to advocate and receive help from partner organizations.[32]

After piloting this initiative over a two-year period, the intent is to scale-up this network to other provinces as the designed model has proved to be workable and successful in equipping migrant workers and sex workers with the necessary knowledge and skills to enable them to reduce their likelihood of exposure to HIV. "Our plan for the future is to expand FAFH Club to other populations, in terms of the format of activities undertaken," says Ms. Ngoc Phuong, Chief of the Department of Social Evils Prevention in Can Tho and main supervisor of the day-to-day activities of the Club.[33]

Outcomes of the Far Away From Home Club Initiative

Everyday I read the newspapers and magazines for more information on HIV and AIDS. Then I bring in the clippings to share with Dr. Phuong and the other peers during our monthly meeting. We then discuss and share and learn together.

- Male Peer Educator

- Among policy an increased awareness of the links between HIV and mobility. New awareness of national and provincial level government officials from the Ministry of Labour, Invalids and Social Affairs and Trade Union led to tangible support for policy and regulatory recommendations on HIV prevention among migrant workers and mobile sex workers by governmental and nongovernmental organizations.
- Migrant workers and mobile sex workers were empowered to become advocates for issues concerning their peers through training on negotiation and advocacy skills and awareness-raising on specific policies. Peer educators and members estimate that they reach over 400 people every month with information and education materials and condoms.
- Provincial partners mainstreamed HIV prevention activities in their long-term institutional capacity building and planning, exemplified in comprehensive work plans for HIV prevention among mobile populations for the Department of Labour, Invalids and Social Affairs and the Trade Union in Can Tho;
- The series of trainings received by peer educators and members of the Far Away From Home Club in Can Tho province by CSEARHAP, the Bright Future Network, a self-help group of people living with HIV, and other partners, translated into the capacity to train others. This training included how to be vocal in advocating the

Peer educators were prepared through the following capacity building plan:

- *3-day training on HIV/AIDS and STIs;*
- *Public speaking skills;*
- *Gender, Sex and Sexuality;*
- *Stigma and Discrimination;*
- *Advocacy and communications skills;*
- *Several refreshers on HIV/AIDS prevention methods and skills on conducting behaviour change communications activities.*

[32] Ms. Nhat Phuong, Director of DoLISA, Can Tho Province, Personal Interview, 14 September 2007

[33] Ms. Ngoc Phuong, Chair of DSEP, Can Tho Province, Personal Interview, 14 September 2007

issues affecting them, working as a team to develop action plans, and sharing lessons learned with other civil society organizations;

- By establishing linkages with HCCN, mobile populations and sex workers received access to free health services despite their unregistered status. This ensured that members had access to confidential and comprehensive HIV prevention programmes and services;
- The lessons learned from capacity building and networking were shared with partners and found to be relevant, applicable, and replicable by Government agencies addressing HIV issues and affected mobile populations in Viet Nam. A study-tour from the national multisectoral team, based in Hanoi, took the experiences of the Far Away From Home Club and its management to national consultations on preventing the spread of HIV among migrant and mobile populations.

Challenges and solutions

Before the start of Far Away From Home Club activities, public security and armed forces would ensure the attendance of sex workers in HIV prevention activities organized by the local authorities. The Department for Social Evils Prevention had to go through the local police authorities to invite sex workers to participate in activities. With the launch and implementation of the Far Away From Home Club, this is not necessary anymore: Club and community members can attend monthly meetings and come to the Club to meet and consult with peer educators without the knowledge of local law enforcement authorities; many of those who visited the Club viewed it as a safe and confidential space.

When asked what the main challenges in their work were, peer educators focused on:

- the difficulty of reaching mobile populations due to the distance of hotspots and workplaces; and
- salary cuts for peer educators participating in activities during working hours, even if it was only once or twice a month.

Although initially peer educators feared dismissal for taking time off to attend trainings and activities, the Department of Labour, Invalids and Social Affairs approached the management of their companies and workplaces to ensure that their contribution to the community was acknowledged.

HIV testing of workers during health check-ups is "strongly encouraged" by employers and managers. Although sharing content of the Law on HIV/AIDS Prevention and Control and other relevant policy documents is a main element of peer education and outreach activities, high levels of stigma and discrimination remain even within the migrant and mobile populations themselves. This is an area where future efforts must concentrate to build upon the current stigma and discrimination reduction activities of the Club. A first step towards reducing instances of HIV testing includes referrals to the HCCN network where everyone can access confidential testing and treatment for sexually transmitted infections. Strong anecdotal evidence shows the need for increased advocacy efforts with managers and owners of establishments to gain their support in eliminating "encouraged" testing during health check-ups.

The Provincial AIDS Centre, the institution mandated by the Ministry of Health to ensure that all HIV prevention programmes are coordinated, did not have the technical and financial capacity to bring together members of the nine projects on HIV prevention and control in Can Tho province. The Far Away From Home Club leaders worked closely with the management of other projects to organize semi-annual workshops and gatherings of members and peer educators from all the various clubs. In these events, participants reviewed the materials and messages covered by each activity and shared lessons learned in the field. Many Far Away From Home Club peer educators mentioned these coordinating meetings as one of the most instructive components of their training as peer educators, during the project evaluation. A recent mapping activity identified dozens of venues where direct and indirect sex workers could be reached. The results of the mapping will be used to reduce overlap of outreach activities and strengthen coordination among the various HIV prevention projects in Can Tho city.

Why may the Far Away From Home Club be considered to be Best Practice?

Ethical soundness: The support network employs the strictest confidentiality measures. Peer education activities do not report personal records of people reached. Stigma and discrimination training raised the profile of mobile populations with government personnel. Although the Department of Labour, Invalids and Social Affairs has arrested and detained sex workers in the past, it has made the commitment to not detain sex workers in this CSEARHAP project. Instead the Department and its partners have worked to develop an empowering environment for this stigmatized and discriminated-against group to help them access information and services which may reduce their likelihood of exposure to HIV. Furthermore, the activities undertaken by the project and the Far Away From Home Club network follows international recommendations on HIV prevention for marginalized and stigmatized groups. The CSEARHAP Regional Policy, Planning and Advocacy team provided ongoing mentoring and technical assistance on conducting policy reviews, implementing national policies at the provincial level, and problem-solving on arising issues.

Relevance: There are two components of the Far Away From Home Club project that ensure its activities respond directly to the needs of the focus population. Peer educators work closely with the main implementing agencies to give feedback on policy implementation. Peer educators are heavily involved in the design of information materials and advocacy events for their peers. Lastly, given that sex work is criminalized in Viet Nam, with the Department of Labour, Invalids and Social Affairs as the lead agency, there is leverage to cooperate with the local police authority to ensure the lawful treatment of sex workers in the area, an action that is effective in reducing their vulnerability to physical and psychological harassment. Leaders of the Department of Labour, Invalids and Social Affairs mention attending national and regional workshops and conferences as one of the main platforms for advocacy and lobbying of local authorities into supporting the Club's activities despite the legal status of sex work and provision of condoms in public venues.

Cost-efficiency: Several features of the Far Away From Home Club network have enhanced its cost efficiency. Firstly, the involvement of provincial level organizations and departments as lead agencies has ensured that existing structures are empowered to take charge of project implementation through investment in capacity building (investment with

high returns in the long run), instead of creating parallel implementation structures. Secondly, actively engaging members of the very groups reached by the project in the planning and management of the initiative ensures that the relationship between costs and results is direct, positive and proportional. In addition to cooperating with other donor-funded projects in creating successful linkages, support has been mobilized from other organizations such as: SmartWork, CARE, Family Health International, and the Viet Nam Administration for HIV/AIDS Control, particularly in terms of information materials and condoms, necessary items for the continuation of the project, after the end of CSEARHAP funding.

Effectiveness: Policy reform processes in any country are a gradual and prolonged experience, and Viet Nam is no exception. By empowering populations at higher risk of exposure to HIV to not only protect themselves from HIV and other sexually transmitted infections but also become involved in the policy review process as informed citizens, the impact on HIV reduction in Viet Nam will be sustainable and measurable. Although small changes are already visible in the improved health and skills profiles of migrant and mobile populations it is expected that another beneficial longer-term impact will be on the way that sex workers are viewed by the community, and how sex workers perceive themselves in the political realm. In this sense, the impact is long term and the potential for the greater involvement of people living with HIV, the meaningful involvement of migrant and mobile populations and empowerment of an otherwise highly-stigmatized group is substantial.

Sustainability: Operating on a small budget and with the support of the Department of Labour, Invalids and Social affairs, in addition to having an established support and training network of committed peer educators and network members, it is planned that the initiative will continue with minimal financial support from external donors. Convincing anecdotal evidence suggests that those involved value the services and support provided by the network. The success of the programme so far has resulted in unanticipated support; for example in June 2007, a field visit to the Far Away From Home Club in Can Tho by the national Mobility Technical Working Group resulted in a commitment from the Viet Nam Administration of HIV/AIDS Control to supply over 50 000 condoms free of charge for Far Away From Home Club activities.

Replicability: The support of the Department of Labour, Invalids and Social Affairs is an important achievement of this project and is not expected to be typical. As the government agency responsible for detaining and prosecuting sex workers and drug users, these populations have a reasonable distrust of the Department in all provinces. Precisely because of their mandate, the Department has a great potential for positive impact on these populations if they agree to the same norms and boundaries as have been agreed upon in Can Tho province. The Department of Labour, Invalids and Social Affairs exists in all provinces and has the same function; therefore the support network lends itself strongly to replication. To that end, lessons learned from Can Tho were shared and documented in the National Conference on Drug Rehabilitation and Models of Healthy Communities and Wards without Social Evils. Authorities from other provinces, including Ho Chi Min City health officials, have expressed interest in replicating the Far Away From Home Club model. Given the strength of provincial and local authorities in several countries in the region, the Club model is invaluable in providing a success story in providing these authorities with the tools and framework to provide HIV prevention services for mobile populations at risk of HIV exposure.

During a focus group discussion, male and female peer educators identified the following benefits from their participation in the FAFH Club:

- *Knowledge about HIV and AIDS, condom use, safe sex, and how to fight stigma and discrimination;*
- *Public speaking skills;*
- *Self-confidence;*
- *Community mobilization skills;*
- *Planning and implementation skills that can be applied to their everyday lives;*
- *Ability to reach out to their peers and share knowledge and information on how to protect themselves.*

Local Ownership. As mentioned above, involving members of key populations and empowering them to become advocates of policy change and access to services that reduce the vulnerability of the group to HIV has been crucial to the success of the programme. In order for this model to be replicated elsewhere, implementing agencies must identify leaders in each community and population who can be recipients of capacity building activities and access the necessary knowledge and skills to become agents of change. Furthermore, these networks are necessary in every province, given the mobile nature of sex workers and migrant labourers in Viet Nam. As such, there is an intrinsic demand for this network, supporting replication within the country.

Lessons Learnt

- A support network for groups at risk of HIV exposure can also be used as a policy implementation feedback mechanism; the Far Away From Home Club network has shown that a grassroots approach to policy reform is possible by identifying respected and enthusiastic members of each population to spearhead change.
- Providing education on policy, governance and advocacy to migrants and mobile populations in addition to traditional prevention education through peer education for behaviour change helps encourage them to become advocates for action for their own cause. In particular, this was obvious in the case of direct and indirect sex workers in the Far Away From Home Club. The knowledge and skills obtained through the peer educator trainings and the monthly meetings resulted in obviously increased levels of confidence in discussing risky behaviours, negotiating condom use, and making informed decisions about their health and life.
- Empowering provincial-level organizations and departments through capacity building and technical support allows for sustainable and effective implementation of HIV prevention programmes by establishing direct channels of communication between the populations at higher risk of exposure to HIV and policy implementers.
- Promoting linkages with existing health services improves access and availability of risk-mitigating options for members of the target group who have received information materials and are reached by peer education activities;
- Coordination of messages, delivery methods, and information, education and communication materials with other similar projects contributes greatly to the success of the Club's activities and to motivating the peer education team.

References

CSEARHAP (2006) National Policy Review on HIV and Mobility. Viet Nam

Family Health International (FHI) (2002) HIV/AIDS Behaviour Surveillance Survey. Viet Nam http://www.fhi.org/NR/rdonlyres/e5vdojxh3pqriv2ntgp2hpw7m7zts675u5dxdjs4h-cm6izmnz2in7qovnbm7hyzzr4khdw5ulphd3c/BSSVietnam2000.pdf

Gonzales, Stela (2007) ASEAN Assumes Migrant Rights Duties. Inter Press Services, http://www.globalpolicy.org/socecon/labor/2007/0802labor.htm

Life Centre (2006). Baseline Survey on the HIV Vulnerability of Migrants and Mobile Populations in Can Tho. Viet Nam. CSEARHAP

Ministry of Health (2005). HIV/AIDS Estimates and Projections 2005-10. FHI-IMPACT/ USAID, www.unaids.org.vn/resource/topic/epidemiology/e%20&%20p_english_final.pdf

Ministry of Public Security (MOPS) (2006)

National Institute of Hygiene and Epidemiology (2006). Results from the HIV/STI Integrated Biological and Behavioural Surveillance (IBBS) in Viet Nam, 2005 – 2006. MOH

Nguyen Huu Minh et al (2005) Love, Marriage and HIV: A Multisite Ethnic Study of Gender and HIV Risk. Hanoi, Viet Nam, Columbia University, www.sms.mailman.columbia.edu/cgsh/lmhiv6.html#recent accessed in September 2007.

PAC (2007). HIV/AIDS Statistics in Can Tho City.

Taran P.A. (2002) Promotion of the 1990 International Convention on Migrants Rights – An Initial Summary –National and International Advocacy, International Labour Organization (ILO), accessed at www.migrantsrights.org/documents/SummaryCampaign0402.pdf

UNAIDS (2007). Country Profile: Viet Nam. Accessed August 2, 2007, www.unaids.org/en/Regions_Countries/Countries/viet_nam.asp

UNAIDS (2007), Viet Nam at a Glance, accessed on August 21, 2007. www.youandaids.org

UNAIDS (2006). Summary of the HIV epidemic in Viet Nam. http://www.unaids.org.vn/facts/docs/key_messages_sep_2006_e.pdf

VAAC, Viet Nam Strategy of HIV Prevention to 2010 and 2020 Vision: Part I-V. Viet Nam. www.vaac.gov.vn/view/vn/chienluoc_pII_e.asp, accessed on August 16, 2007

Viet Nam Business Forum, Can Tho to Invest US$210 Mln in Trade Projects until 2020. June 18, 2007 http://vibforum.vcci.com.vn/news_detail.asp?news_id=10141

Viet Nam Economic News Online. The Mekong Delta Goes Ahead with the WTO, June 08, 2007 www.ven.org.vn/English/?news=1204

The Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together ten UN agencies in a common effort to fight the epidemic: the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO), and the World Bank.

UNAIDS, as a cosponsored programme, unites the responses to the epidemic of its ten cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to AIDS on all fronts. UNAIDS works with a broad range of partners – governmental and nongovernmental, business, scientific and lay – to share knowledge, skills and best practices across boundaries.

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The Far Away From Home Club

HIV Prevention and Policy Implementation Feedback for Migrant and Mobile Populations in the Mekong River Delta, Viet Nam

Migrants and members of other mobile populations are at elevated risk of exposure to HIV. The Far Away From Home Club is an initiative that focuses on implementing national policies and providing policy feedback from the provinces to national authorities, while organizing prevention activities for migrant and mobile populations in Can Tho City's Ninh Kieu district, Viet Nam. During its development the Club has built a core group of peer educators, direct and indirect sex workers and migrant workers from neighbouring provinces, who have become the main drivers of activities. Through their engagement of the private sector in workplace interventions, outreach at 'hotspots' for direct and indirect sex workers, support for referral systems to voluntary counselling and testing and sexually transmitted infection treatment sites, the club touches the lives of hundreds of migrants and mobile people every month. The success of the work of the Club will be of interest to both government and nongovernmental organizations.

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