

Itinerary and Achievements



World Vision Vietnam
Comprehensive Care and Support for PLHIV



USAID
FROM THE AMERICAN PEOPLE



© 2011 World Vision Vietnam

This book is produced based on the project work plan under the support from American people through USAID and Pact.

The content of this book is under the responsibility of and based on the implementation of the project activities in the project area of Ho Chi Minh City and Hai Phong over the last 6 years. Therefore, the book content does not necessarily reflect the opinion of USAID or the American Government.

Designed by Compass Printing JSC

**COMPREHENSIVE CARE AND SUPPORT FOR
PEOPLE LIVING WITH HIV/AIDS**

Itinerary and Achievements

Written by:

Dr. Vu Thi Du _Project Manager
Dr. Pham Thi Hue _Project Officer
Ms Tran Thi Uyen Tram _Project Officer
Ms Pham Minh Huong _Finance Officer
Ms Ho Thi Quynh Tram _Project Assistant
Mr. Doan Dac Toan _Project Assistant
Pham Thi Dao _Project Assistant
Ms Nguyen Tran Hong Phuong _Project Assistant

With the valuable comments and advice from

District-level Project Management Boards
in Ho Chi Minh City and Hai Phong city
and
managerial and technical staff of WVV

Translator: Nguyen Duy Thang

July 2011

ACKNOWLEDGEMENT

The book “Itinerary and Achievements” of the “Comprehensive Care and Support for PLHIV” project was written by World Vision staff to summarize all the project results achieved over the last 6 years and the project implementation process.

We would like to express our sincere thanks to the U.S.Agency for International Development (USAID) for the project funding. We would like to send our gratitude to Pact for its annual direct funding commitment and technical support to the project to make sure that the project results go along with international standards and fit with Vietnam social conditions. We are grateful to the valuable support, approval and favorable conditions given to us by the local authorities and related agencies of Hai Phong city (PACCOM and Hai Phong Department of Foreign Affairs) and Ho Chi Minh City Union of Friendship Organizations (HUFO). Our deepest thanks also go to the People’s Committees of the project districts, Project Management Boards and related bodies in districts of Do Son, An Lao, Thuy Nguyen - Hai Phong city and Districts 4, 7 and 8 - Ho Chi Minh City for close cooperation throughout the project design, organization and implementation. The success of the project would be impossible without the dedicated participation and precious contribution from home based care teams (HBC teams), self-help groups of people living with HIV (PLHIV), orphan and vulnerable children (OVC) and relatives of PLHIV. Particularly, the voluntary participation and contribution from PLHIV, OVC and their relatives have made the project successful.

We hope that the great achievements and impacts of the project will be sustained and developed in order that PLHIV and OVC will continue to have chance to participate and develop upon the local development.

Because this book was developed in a short time, limitations are unavoidable. We welcome your comments to make it better. Please send your comments to:

Dr. Vu Thi Du, Project Manager: vu_thi_du@wvi.org

Dr. Pham Thi Hue, Project Officer in Hai Phong city: pham_thi_hue@wvi.org

Ms Tran Thi Uyen Tram, Project Officer in Ho Chi Minh: tran_thi_uyen_tram@wvi.org

TABLE OF CONTENTS

ACKNOWLEDGEMENT	i
OVERVIEW	vi
CHAPTER I: PARTNERSHIP	01
1.1. With donors	02
1.2. With NGOs	02
1.3. With city-level partners	03
1.4. With district-level partners	03
1.5. Technical support groups and service providers	03
1.5.1. Technical support groups	03
1.5.2. Service providers	04
1.6. Clients, peer educators and home-based care teams	04
1.6.1. Peer educators	04
1.6.2. Linkage between clients – peer educators – home-based care teams	05
CHAPTER II: PROJECT MANAGEMENT.....	06
2.1. Cooperation Agreement	07
2.2. WVV Project staff	07
2.3. Cooperation between WVV and district-level project partners	08
2.4. Financial management	08
2.5. Monitoring, evaluation and reporting	09
2.5.1. Baseline survey	09
2.5.2. Assessing needs of OVC, PLHIV and relatives	09
2.5.3. Using case management toolkit in home-based care	09
2.5.4. Monitoring and supporting home-based care	12
2.5.5. Progress report	12
2.5.6. Evaluation	13
CHAPTER III: BEST PRACTICE MODELS	14
3.1. Home-based care	15
3.1.1. HBC gives selection criteria and HBC regulations	16
3.1.2. Capacity building route	16
3.1.3. Implementation methods	17
3.1.4. Results	22
3.1.5. Strengths and advantages	24
3.1.6. Challenges and solutions	25

3.2. Reducing stigma and discrimination against PLHIV and OVC	26
3.2.1 Communication forms	26
3.2.2 Strengthening home-based care and linking community-based groups	28
3.2.3 Results	28
3.3. Transformational changes and improved social positions of PLHIV	29
3.3.1. Situation and status of PLHIV before their participation in the project	30
3.3.2. Improvement methods	30
3.3.3. Transformational changes in PLHIV	31
3.4. Development of OVC	33
3.4.1. Capacity building and participation strengthening	33
3.4.2. Policy advocacy for OVC and ensuring the child network sustainability	35
3.4.3. Main results	37
3.5. Household economy development	40
3.5.1. Situation and status	40
3.5.2. Using loans for economic development	40
3.5.3. Vocational training	44
CHAPTER IV: TRANSFERRING & MAINTAINING THE PROJECT RESULTS	45
4.1. Strengthening capacity building & developing community-based groups network	47
4.2. Mobilizing and combining resources	48
4.3. Plan after the project close-out	49
CHAPTER V: LESSONS LEARNED AND RECOMMENDATIONS	51
5.1. Lessons learned	52
5.2. Recommendations	53
5.2.1. General recommendations	53
5.2.2. Specific recommendations to each of the project districts	53
APPENDICES	56
I. References	57
II. The project products	58
2.1. IEC materials	58
2.2. Training materials	58
2.3. Photos, video clips	59
2.4. Articles, newsletters, forms	59
III. Facilities	59
3.1. Equipment and assets of the project	59
3.2. World Vision office equipment	59
IV. WVV project staff list	60
V. Members of the district-level partners	61

LIST OF TABLES, CHARTS AND DIAGRAMS

Diagram I.6.2.	Linkage between clients – peer educators – home-based care teams	05
Diagram 2.2.	Project Staff Diagram	07
Figure 2.5.3.	Home-based care forms and books of different levels	10
Diagram 2.5.3.	The using purpose of the case management toolkit	11
Diagram 3.1.1.	Project management	15
Diagram 3.1.2.	HBC model	15
Diagram 3.1.3.1.	HBC service areas for PLHIV	18
Diagram 3.1.3.2.	HBC service areas for OVC	18
Diagram 3.1.3.3.	HBC service areas for relatives	19
Diagram 3.1.3.4.	Continuous and comprehensive care for PLHIV	19
Diagram 3.1.3.5.	Comprehensive and continuous care for OVC	20
Diagram 3.1.3.6.	Case management	21
Chart 3.1.4.1.	Increasing participation of PLHIV and OVC to the project	23
Chart 3.1.4.2.	Number of PLHIV registered into OPCs,ART & died from 2008 - 2010	23
Chart 3.1.4.3.	Statistics on support mobilization	24
Diagram 3.4.1.	Child participation strengthening network	34
Diagram 3.5.2.	Loan and Business starting tools provision process	41
Diagram 4.1.	The project transfer & sustainability maintenance strengthening process	46

ACRONYMS AND ABBREVIATIONS

C&S	Credit and savings
CD4	A type of lymphocyte (white blood cell)
CESVI	Cooperazione e Sviluppo (an Italian NGO)
CRS	Catholic Relief Services
Dist	District
DoFA	Department of Foreign Affairs
FY	Fiscal year
HP	Hai Phong city
HBC	Home-based care
HBCT	Home-based care team
HCM	Ho Chi Minh City
HUFO	Ho Chi Minh City Union of Friendship Organizations
IEC	Information, Education and Communication
LISA	Labor, Invalids and Social Affairs
M&E	Monitoring and Evaluation
MOU	Memorandum of Understanding
MSC	Most significant change
NAV	Nordic Assistance to Vietnam
NGO/NGOs	Non-governmental organizations
OI	Opportunistic Infections
OPC	Out-patient clinic
OVC	Orphan vulnerable children
PAC	Provincial AIDS Committee / Center
PACCOM	People's Aid Coordinating Committee
PC	People's Committee
PEPFAR	The President's Emergency Plan for AIDS Relief
PHCC	Preventive Health Care Center
PLHIV	People living with HIV/AIDS
PMB	Project Management Board
PSI	Population Services International
S&D	Stigma and discrimination
SC	Save the Children
SHG	Self-help group
USAID	The U.S. Agency for International Development
VND	Vietnamese dong
WU	Women's Union
WVUS	WV in the U.S
WVV	World Vision Vietnam

OVERVIEW

The “Comprehensive Care and Support for PLHIV” project is funded by USAID from PEPFAR through Pact and implemented by WV. The project was implemented for 06 years (2005-2011), the second phase started in December 2007 with the total budget of 1,487,657 USD and more than 300,000 USD as counterpart funding from WV. In 2005, the project was firstly implemented in Dist 7 and Dist 8 of HCM and Do Son district of HP. After that, the project was expanded to Thuy Nguyen district of HP in July 2007, Dist 4 HCM in November 2007 and An Lao district of HP in March 2009.

The project goal is to improve the life quality of individuals and families affected by HIV/AIDS through building the community capacity.

Specific objectives:

- To increase the access of PLHIV to high quality and comprehensive home-based care services.
- To help PLHIV access sufficient care, support and treatment services.
- To improve the economic stability of families of PLHIV.
- To provide educational, nutritional, psychological, social and physical health care and support for OVC in the project areas.

The project was initially implemented in a situation that S&D against PLHIV, OVC and their families as well as self-stigma and discrimination was still very serious. This S&D was the barriers preventing PLHIV and OVC from accessing health care and psychosocial services and limited the participation and contribution of their own and their family members to daily life and social activities. In the last 06 years, the project has gained recognizable results and helped improve the life of many disadvantaged individuals and families. This book aims to summarize all of those results together with the entire project implementation procedures, challenges, practical lessons learned and recommendations for future projects. This book is a useful reference for developing projects improving life quality of PLHIV, OVC, their relatives and community.

CHAPTER I. PARTNERSHIP

I.1 With donors

I.2 With NGOs

I.3 With the city-level partners

I.4. With district-level partners

I.5 Technical support groups and service providers

I.5.1. Technical support groups

I.5.2 Service providers

I.6. The network of clients, peer educators and home-based care teams

I.6.1. Peer educators' network

I.6.2 Linkage between clients – peer educators – home-based care

1.1. WITH DONORS

The project was technically supported by WVV throughout the design, implementation, monitoring and evaluation. The technical support areas include community health care, HIV/AIDS, gender equity, child participation strengthening and education. WVV policies and guidelines have helped to ensure that the project activities are implemented according to quality standards as well as local conditions and cultural sensitivity and peculiarities of the beneficiaries. WVUS (World Vision office in the United States) has monitored and supported the project implementation to guarantee that the project activities are implemented under the strategies agreed with USAID through Pact.

WVV has directly provided technical support to the project through commitment and technical linkages with Pact. Pact has organized learning and experience sharing events for partner organizations, which also implement similar projects in HIV/AIDS to make sure that the project staff and local partners are equipped with suitable knowledge to meet the activities implementation quality requirements. Regarding the technical support from Pact, it is important to mention Pact's support in developing tools for management, monitoring, evaluation and reporting, including case management tools, home-based care forms, data collection forms, indicator report... *(please refer to 2.5.3. Using the case management toolkit)*. In addition, the knowledge and experience exchanging activities facilitated by Pact have established and developed a network of organizations, which have learnt from and shared with each other about best practice models.

1.2. WITH NGOS

During the project implementation, WVV staff and the project local partner always focused on developing partnership with other service providers who provide similar services in order to develop the referral network for continuous and comprehensive care.



Introducing the project products at the National Conference on 20 years of HIV/AIDS Control and Prevention, Dec 2010

Learning, sharing and linking with other NGOs has always been strengthened in different forms: workshops (WV project sustainability maintaining workshop, NAV etc...), study tours to learn and share experience (exchanging activities between the project SHGs and other SHGs in Quang Ninh and Thai Binh), co-organizing training classes (cooperated with CESVI to hold start-your-business training classes, trained trainers of animal raising models developing classes with technical support from CRS, experience sharing between the project home-based care teams and those in Lao Cai). These learning and experience sharing opportunities have helped to improve the quality of the project activities design and implementation.

In addition, it is vital to mention the provision of drugs to treat common illnesses and home-based care supplies from CDC through coordination of HP PAC and free condoms from PSI.

In 2011, the project was visited and evaluated to be a successful model by the central PACCOM.

1.3. WITH THE CITY-LEVEL

Responsible for collaborating to mobilize and coordinate grants from peace, solidarity and friendship organizations, NGOs and individuals overseas to contribute to the implementation of socio-economic development programs and humanitarian relief of the cities, the HUFO in HCM and PACCOM under DoFA in Hai Phong have cooperated with WVV in directing the project implementation, strengthening understanding, solidifying and developing unity, friendship and cooperation. These agencies have created very favorable conditions for the project implementation.

1.4. WITH DISTRICT-LEVEL PARTNERS

In each project district, a PMB was established. *(Refer to appendix 1.4.1 MOU between WVV and district-level partners and appendix 1.4.2 Members of district-level partners)*

The project district-level partners directly implement and coordinate the project activities. The functions of the PMB include the followings:

- a. Direct the project implementation, contribute resources to the project and/or mobilize other relevant bodies to participate in the project implementation when needed.
- b. Provide administrative supports and favorable conditions for the project implementation and request eligible authorities to approve the project in compliance with Vietnam laws.
- c. Ensure in the project scope there is harmonious balance in approaches, combination with national action plans, stigma reduction and avoidance of duplication of activities with other organizations providing services to PLHIV.
- d. Provide guidance on complying with necessary administrative procedures to make sure the project activities are carried out effectively; mobilize authorities at different levels and district-level sectors/bodies and other related agencies at district-level to cooperate with WVV when needed; Cooperate with other district-level agencies to maintain the sustainability of the project results. For example: the project sustainability maintaining workshop is one of district-level coordination activities. The project sustainability: The project results will be maintained and developed by the district-level authorities from the socialization sources.
- e. Provide support in terms of applying for administrative procedure approval, arranging working visits for foreign visitors, advisors, experts from World Vision to come to work in and assess the project at the project site.
- f. Cooperate with WVV to guarantee that the project activities are implemented effectively in a timely manner; create favorable conditions for WVV staff and local collaborators to access the beneficiaries and community according to the plans of actions.
- g. Cooperate with WVV in meeting with administrative procedures and reporting requirements.

1.5. TECHNICAL SUPPORT GROUPS AND SERVICE PROVIDERS

1.5.1. Technical support groups

In HCM, the PAC's role is to link and coordinate HIV/AIDS prevention and control activities within the city through quarterly meetings. The PAC has already established and organized the technical committee to agree on the procedure and forms of referring PLHIV and OVC. The PAC has also cooperated with UNAIDS to hold quarterly meetings to share implement experience between donors and service providers as well as updating information about services. Besides, the HIV/AIDS technical working group has also been founded and has quarterly meetings to enhance the HIV/AIDS programs implementation and strengthen collaboration and exchange between local HIV/AIDS programs implementers, policy advocates and policy makers. Apart from that, the technical support network from PEPFAR also has meetings according

to specific situations to update plans for partner organizations such as: WV, CDC, USAID, FHI, WVO, LIFE, Pastoral care, PAC, CARE, SC... These meetings help partner organizations to exchange related information to orientate work plans and share about effective models.

In HP, the comprehensive HIV/AIDS prevention, care and support integration system has also been founded to involve the participation of service providers, donors, management agencies and representatives of clients of different services.

Technical support groups have helped with the opportunities to exchange services information, update knowledge for participating members and create favorable conditions for linkages and referrals. After all, these technical support groups have helped to improve the service quality and create good conditions for service providers to supply best services for customers.

1.5.2. Service providers:

The project only provides community/home based care and support, not including prevention, care and treatment in service providers or clinics. To make sure that PLHIV, OVC and their relatives always receive comprehensive care and support, the project has always tried to refer its clients to necessary services which are suitable to the clients and available in the locality (in both project and non-project districts).

(Refer to appendix 1.5.2.1 Service providers in HP and 1.5.2.2 Service providers in HCM)

1.6. THE NETWORK OF CLIENTS, PEER EDUCATORS AND HOME-BASED CARE TEAMS

1.6.1. Peer educators' network

PLHIV clubs or SHGs were founded and operated by PLHIV themselves. These SHGs have met the need of PLHIV, i.e. meeting each other to share, through which PLHIV have become more confident and stronger. Each SHG has from 20 – 60 members, including one member as the chairperson of the SHG and one as the vice-chairperson of the SHG.

"At that time, I was afraid that people would see me, know that I was HIV positive and would look down me and keep away from me. But one woman from friend to friend introduced me to the WVV project and since then I have gradually become confident and now I no longer stigmatize myself"

A PLHIV, Ward 4, Dist 8, HCM city



Monthly meetings of Truong Son Xanh group in An Lao dist, HP

Activities of SHGs consist of:

- Helping PLHIV have knowledge of HIV transmission prevention and control.
- Mobilizing the participation of PLHIV into SHGs in order to equip PLHIV and their relatives with knowledge of HIV laws, home based care skills, anti-self stigma through trainings and communication events. Vocational training is important because it helps members to generate incomes and improve their household economy.
- Referring PLHIV to counseling centers, SHGs in their residential areas, free opportunistic infection treatment, ARV

treatment as well as to places with sufficient medicine and technical expertise in needed cases.

- Additionally, some SHGs have established C&S groups, which have provided credits to PLHIV (Hoa Hai Duong group in Thuy Nguyen dist and Truong Son Xanh group in An Lao dist).

1.6.2. Linkage between clients – peer educators – home-based care teams:

The linkage is shown in the following diagram. The care and support is based on PLHIV families and the community. It is family-centered approach. PLHIV and OVC are cared by home-based caregivers and their family. Home-based caregivers on the one hand directly provide care for PLHIV and OVC and on the other hand provide PLHIV families with knowledge and skills so that they can care PLHIV by themselves. Most-at-risk people (MARP) are also cared and supported so that they have knowledge to make suitable decisions in infection risks and know how to receive assistance when necessary.

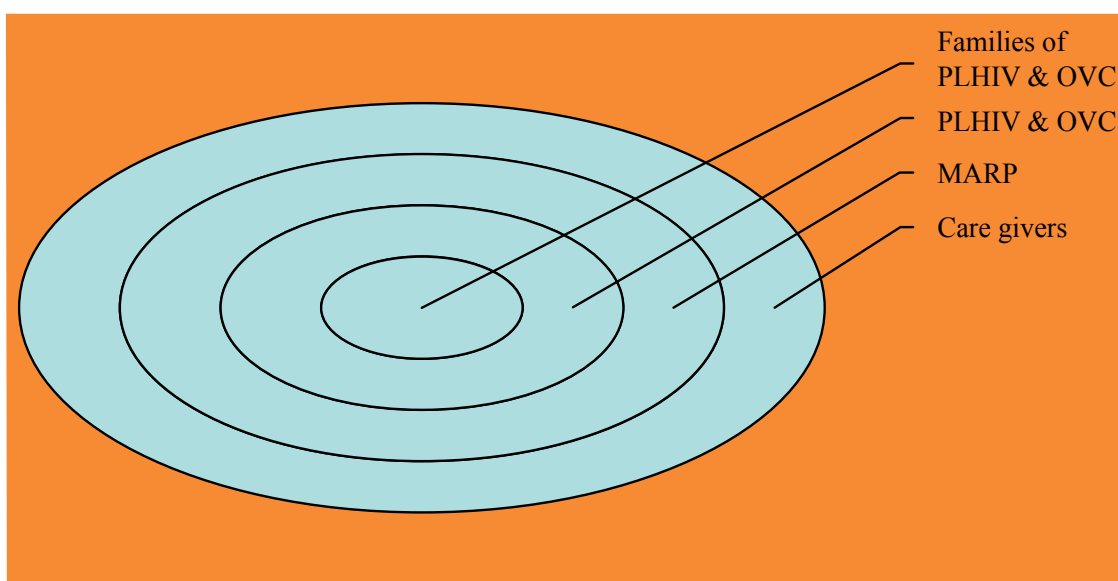


Diagram 1.6.2. Linkage between clients – peer educators – home-based care teams

CHAPTER II: PROJECT MANAGEMENT

2.1 Cooperation agreement

2.2 WVV Project staff

2.3 Cooperation between WVV and district-level project

2.4 Financial management.

2.5 Monitoring, evaluation and reporting

2.5.1 Baseline survey

2.5.2 Assessing needs of OVC, PLHIV and relatives

2.5.3 Using case management toolkit in home-based care

2.5.4 Monitoring and supporting home-based care

2.5.5 Progress report

2.5.6 Project evaluation

2.1 COOPERATION AGREEMENT

The project fiscal year is from 01 Oct of this year to 30 September of the following year. Before the project was implemented in districts in HP and HCM, a project document was signed between Pact and WVUS. This project document described the project work plan and agreement terms between the two sides throughout the project implementation (*Refer to appendix 2.1.1- Project document*).

Every year USAID through Pact signs an agreement with World Vision to provide one grant to implement the project. The obligated amount is based on the number of PLHIV and OVC the project is managing.

Based on the financial commitment from Pact, WVV signs an MOU with PCs of cities to have permission for the project implementation. After that, annually WVV signs an MOU with each PMB in each district to implement the project activities. This MOU contains financial terms and work plans of the project. The total budget of the project then is allocated to each district based on the number of PLHIV and OVC of that district.

To see sample MOUs and financial regulations, refer to *appendix 2.1.2-Management system*.

2.2.WVV PROJECT STAFF

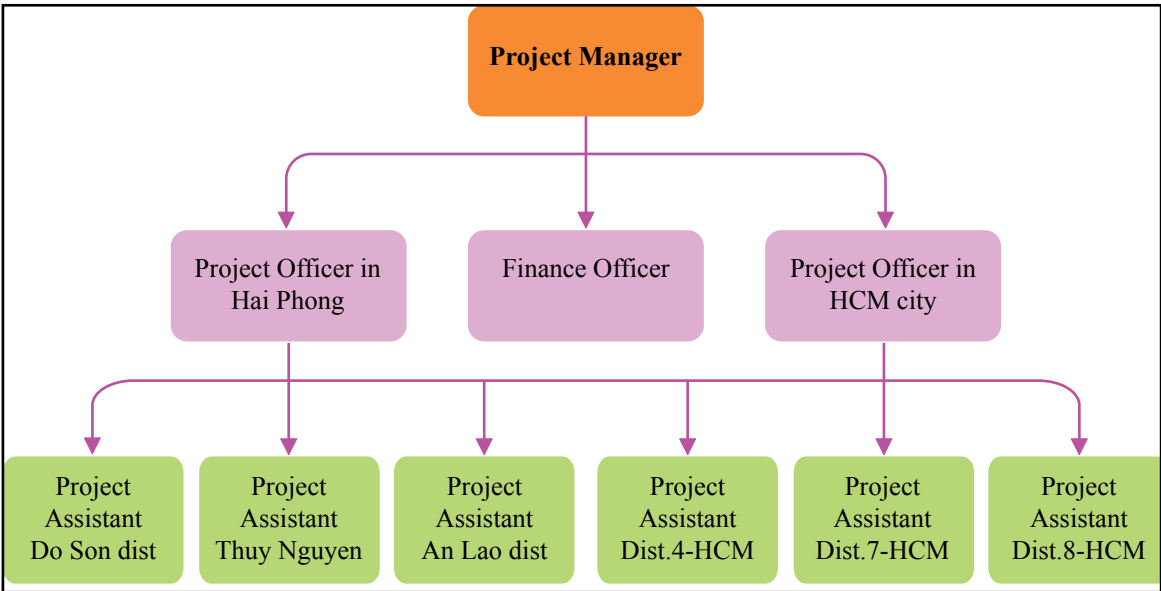


Diagram 2.2. Project Staff Diagram

Please refer to the responsibilities and functions of each position in *appendix 2.2-WVV project staff*).

2.3 COOPERATION BETWEEN WVV AND DISTRICT-LEVEL PROJECT PARTNERS

According to the work plan approved for each fiscal year, WVV staff and PMBs have periodical meetings either monthly or bi-monthly to discuss about the project implementation as well as to agree on the work plan for the following month and quarter, especially for big events such as communication activities on the world AIDS day 1st December; the International Children's Day 1st June; Mid-autumn Festival for children etc... in order to cooperate with each ward/ commune to make sure that the project beneficiaries will benefit from these activities. Annually all of the project districts hold one end-of-year workshop to summarize achieved results, advantages and challenges within the implementation. The workshop also proposes recommendations and orientation on the project work plan for the coming year.

In all of the project districts, every month home-based care givers sit for monthly meetings by ward/ commune to complete the project activities report and prepare contents for the district meeting to share about work, update on home-based care situation and discuss about the activities to be implemented for the following month.

In addition, the WVV project staff has internal weekly meetings in Hai Phong city and HCM city. Apart from that, the WVV project staff in the two cities has opportunities to meet every six months either in Hai Phong or HCM city to share experience, improve teamwork spirit and support each other (*Refer to appendix 2.3.1 Team meeting minute*). Weekly work plans are prepared by the project staff to implement the project activities as well as to cooperate with other districts (*Refer to appendix 2.3.2 Weekly work plan*). People mainly in charge of the two cities are the two Project Officers. The Project Manager has direct monthly meetings with all project staff in Hai Phong and meetings through Skype with HCM city-based staff.

2.4 FINANCIAL MANAGEMENT

Financial regulations

The financial transactions within the project must comply with the financial regulations system of WVV and those of USAID.

Regarding the financial regulations, *refer to appendix 2.4.1- Financial regulations*

Financial reports

The project has three financial report systems

- WVV monthly financial reports (*Refer to appendix 2.4.2-Financial report-WVV*). Every month the project Finance Officer synthesizes and reports all financial transactions within the month to WVV office in Hanoi. The Hanoi WVV office then will collect monthly financial reports from all WVV projects/ programs and process them with an accounting soft ware. After that, the finalized financial report will be sent back to the project. Then the Finance Officer will base on that to make other related reports.
- Quarterly financial reports to WVUS (*Refer to appendix 2.4.3-Financial report to WVUS*). Every quarter, after finishing the financial report to WVV, the project develops and submits a separate financial report to WVUS.

- Quarterly financial report to Pact Vietnam (*Refer to appendix 2.4.4-Financial report to Pact*). Every quarter the project makes a report on all the expenses under Pact grant and sends it to Pact after receiving approval from WVUS

Auditing

The project is audited annually by WVV internal auditors or international auditors. Through auditing times, the project is usually ranked at the 2nd grade (Acceptable risks). Especially, the project was ranked at grade I (Low risks) in FY10.

Please refer to the auditing reports in appendix 2.4.5 Auditing reports).

2.5. MONITORING, EVALUATION AND REPORTING

2.5.1. Baseline survey:

In 2005, a baseline survey was conducted in Do Son dist, Hai Phong and in Dist 7 and Dist 8 in HCM city before starting the project implementation to assess the status of comprehensive care for PLHIV, including home-based care; community's knowledge of prevention, care and support to PLHIV; participation level of PLHIV and their families; capacity of service providers in the locality and other related factors (*Refer to appendix 2.5.1 – Baseline survey report in HCM city & Hai Phong city*). The project intervention strategy was designed based on this baseline survey results.

2.5.2 Assessing needs of OVC, PLHIV and relatives:

The project assesses the comprehensive need of OVC every six months in order to understand the comprehensive need of OVC in a timely manner according to the 06 core home-based care areas. This type of assessment helps to have a good care and support plan for OVC. The OVC support and care provision plan is based on discussion between home-based caregivers and OVC families, or based on the proposal from the home-based caregiver, or from the whole home-based care team and the PMB in agreement with WVV staff.

The project assesses not only the comprehensive need of OVC but also that of PLHIV through cross-assessments among home-based care teams within a certain district.


After each assessment, each home-based care giver will complete the short-term as well as long-term care and support plan to his/ her clients with the support of WVV staff (*Refer to appendix 2.5.2 – Support plan after need assessment – Do Son dist – Hai Phong city- June 2010*)

2.5.3. Using case management toolkit in home-based care:


The case management toolkit is a collection of recording forms during the provision of care and support to each client. Each PLHIV or OVC has one encoded data set (client's data). This data set records the entire client management process covering from when the client registered into the project (initial information – home based care givers fill in the yellow book, which is regularly updated during the process of giving

care and support to clients). Also for each client, the project files all home visit forms (white forms) which are recorded by care givers during their visits to their clients' home. On average, one client is visited once a month. The clients who need special care and support (opportunistic infections, beginning on ART, suffering from ARV side-effects or suffering from other psycho-social problems...) compared with others are visited more than once a month. Also for each client, there is the blue form which synthesizes information from white forms monthly, quarterly, bi-annually and annually (Refer to appendix 2.5.3 – PLHIV and OVC case management toolkit and see the illustration below.


Care giver



Client's basic information form




Home visit form




Care information synthesis form

For the data management at the HBCT level

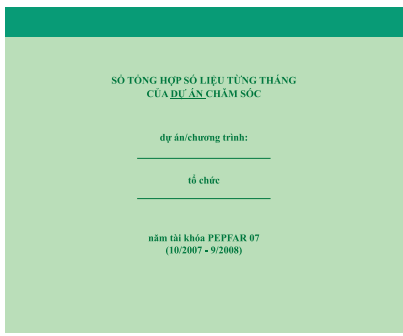


Main book



Monthly report

For the management at the project level



Project-level data synthesis book

Figure 2.5.3. Home-based care forms and books of different levels

By the end of each month, the HBCT leader prepares the monthly indicator report and update the yellow book of his/ her team and then transcribe data into the red book. Both the yellow and red books are transferred to the WVV project staff for their monthly synthesis and updates. During the process of synthesizing reports from HBCTs, the WVV staff find out mistakes and then discuss with HBCTs' leaders about how to improve those mistakes.

The bi-annual and annual indicator reports are made by the WVV project staff by synthesizing data from the red book of HBCTs and are submitted to Pact on the 10th

10 WORLD VISION VIETNAM

of the following month. (Refer to appendix: 2.5.3.1 Indicator report to Pact in 2010). The synthesis of data (supporting documents) is also submitted to Pact for data checking and verification.

To make sure the consistent use of case management toolkit, before officially applying this toolkit (April 2007), WVV staff and representatives of PMBs and HBCTs were invited to training on how to use the toolkit. Following the training was the process of checking the application of the toolkit at the field. Representatives of HBCTs and WVV staff have been invited to attend workshops on data quality management, collecting new indicators, revising data collection tools... in order to finalize the tool to use in improving the indicator report quality as well as serve for the project progress reports. After those training, M&E staff of each project district and other staff re-trained HBCTs of their districts at the beginning of each FY to reinforce the use of the toolkit.

Data auditing times have also been conducted to improve the quality of data recording and reporting. For example: the 1st data audit was done in Do Son dist, Hai Phong city in August 2010. (Refer to appendix: 2.5.3.2 – Pact data auditing report - 8/2010) and the 2nd data audit in Do Son dist, Hai Phong city in June 2011. (Refer to appendix: 2.5.3.3 – Pact data auditing report, 6/2011).

The purpose of using the case management toolkit is explained in the following diagram:

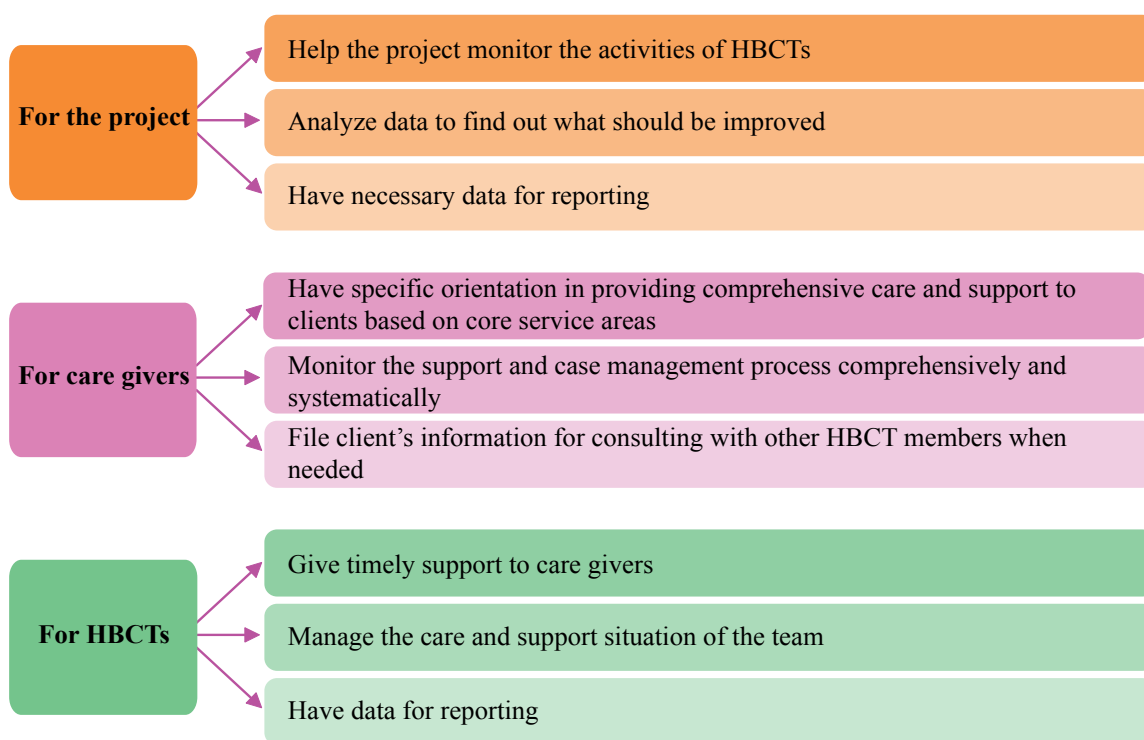


Diagram 2.5.3. The using purpose of the case management toolkit

Generally speaking, this toolkit has many good points. However, it is rather complicated, especially for caregivers who are PLHIV on ARV and relatives. Therefore, WVV project staff always has to consolidate and improve caregivers' knowledge as well as skills through training sessions, direct field monitoring and coaching and monthly meetings...

2.5.4 Monitoring and supporting home-based care.

The project activities such as training, community-based communication, birthdays for OVC and home-based care ... are monitored regularly. Monitoring and supporting the home-based care activities is paid much attention because it helps improve the quality of home-based care activities. Each monitoring time is accompanied with a monitoring form. People in charge of monitoring are WVV project staff, PMB members or project volunteers. Besides, activities related to OVC are monitored by the core children themselves.

Home-based care is the core activity of the project. Every week each HBCT has meeting in the ward/ commune health station according to fixed schedules, which help the WVV project staff or PMB arrange their time to attend. Those weekly meetings aim to update care and support status to clients, update client information and report and propose recommendations if any... These meetings are documented in minutes, which are filed at the health stations for tracking the implementation. The project really emphasizes the importance of monitoring and supporting this activity in order to have timely comments and technical assistance to HBC givers and to improve the project activities quality. The people responsible for monitoring consist of WVV project staff or PMB members, or cross-monitoring among HBCTs. Monitoring, supporting and feedback are in 03 levels. In level 1, the monitoring people join the HBC giver to visit client and use monitoring form to record and evaluate that visit. After each visit to one client, the monitoring people will have feedback for the HBC giver on the visit. After that, both monitoring people and HBC giver sign on the monitoring form for filing and follow-up later. (Refer to appendix 2.5.4 – Activity monitoring form). In level 2, the monitoring and HBC giver discuss, comment and withdraw lessons right at the HBCT team. In level 3, the monitoring people give feedback through the monthly HBCT meetings in each project district to withdraw lessons learned together.

The home-based care monitoring and support is done every month in combination with HBCTs' assessments to provide emergency support to PLHIV and OVC. The home-based care monitoring and support helps HBCT members improve their knowledge & skills as well as helps to better the home-based care quality and ensure the indicator report quality. In addition, it also gives timely encouragement to HBC givers to always better their work.

2.5.5 Progress report

Each HBCT has a separate form for updating information and reporting the performance progress of that team for each month. In this report, each HBCT should mention the results of activities the team has implemented over that month, which activities have not been implemented and reasons, how clients have been referred, challenges during the provision and care and support to clients as well as recommendations. The HBCTs also need to report their contributions during providing other related support (process, results) such as Decree 67/13 CP, mobilizing the local support...

After that the WVV staff in charge of each project district will synthesize the report of the HBCT in that district into his/her report for the district under his/her responsibility. In the project transition year, apart from the regular information, the annual report will

mention which activities have been done to maintain the project sustainability. That means the WVV project staff is responsible for urging and monitoring the district he/she is in charge of regarding the activities taken for maintaining the project sustainability (Refer to appendix 2.5.5.1 – Monthly report from of the staff in charge of a certain project district).

Based on monthly reports of WVV staff (Project Assistants), the Project Officer in HP and HCM will make the monthly report for HP and HCM and submit it to PMBs on 25th every month. The Project Manager shall base on the reports from HP and HCM to prepare and submit the project management report to WVV Director of National Programs at the end of every month. (Refer to appendix 2.5.5.2 –Project Management Report – May 2011).

After every 3 months, 6 months and 12 months, the project submits reports to donors, WVV Director of National Programs and WVUS. These reports aim to record results and successes achieved by the project within the reporting period as well as difficulties during the project implementation, solutions and the project improvement recommendations (Refer to appendix 2.5.5.3 – Annual project progress reports).

2.5.6 Project evaluation

The project impact evaluation has been carried out through the Most Significant Change (MSC) Stories writing contests in November 2010 in HP and in March 2011 in HCM. These writing contests are one kind of effective qualitative evaluation methods on the project impacts on individuals and beneficiary groups. In addition, the contests have given individuals and beneficiary groups opportunities to take initiatives and prepare future plans right in the project transition year - 2011. Through these MSC stories, it is the project beneficiaries who have evaluated how the project has impacted themselves, their families and community. The contests have attracted the enthusiastic participation from individuals and groups of PLHIV, OVC and other members in the community with the total number of 213 stories in HP, including 72 stories written by children and 57 stories in HCM, including 11 stories written by children (Refer to appendix 2.5.6.1 MSC stories)

The project was also evaluated by Pact in Feb 2010 in both HP and HCM after 5 years' implementation.

The Pact evaluation aimed to evaluate the home-based care impacts on the life of PLHIV and OVC as well as the sustainability of home-based care activities for PLHIV and their relatives. The Pact evaluation report has mentioned strengths, weaknesses, opportunities and challenges as well as what needed to be improved in the project over the following time. (Refer to appendix 2.5.6.2 – Pact evaluation report 2/2010). Through this evaluation report, the project has continued to maintain its strengths and worked out the improvement plan and implementation methods. (Refer to appendix 2.5.6.3 – Plans after Pact evaluation).

CHAPTER III: GOOD MODELS AND BEST PRACTICES

3.1. Home-based care

3.1.1. HBC gives selection criteria and HBC regulations

3.1.2. Capacity building route

3.1.3. Implementation methods

3.1.4. Results

3.1.5. Strengths and advantages

3.1.6. Challenges and solutions

3.2. Reducing stigma and discrimination against PLHIV and OVC

3.2.1. Communication forms

3.2.2. Strengthening home-based care and linking community-based groups

3.2.3. Results

3.3. Transformational changes and improved social positions of PLHIV

3.3.1. Situation and status of PLHIV before their participation in the project

3.3.2. Improvement methods

3.3.3. Transformational changes in PLHIV

3.4 . Development of OVC

3.4.1. Capacity building and participation strengthening

3.4.2. Policy advocacy for OVC and ensuring the child network sustainability

3.4.3. Main results

3.5. Household economy development

3.5.1. Situation and status

3.5.2. Using loans for economic development

3.5.3. Vocational training

3.1. HOME-BASED CARE

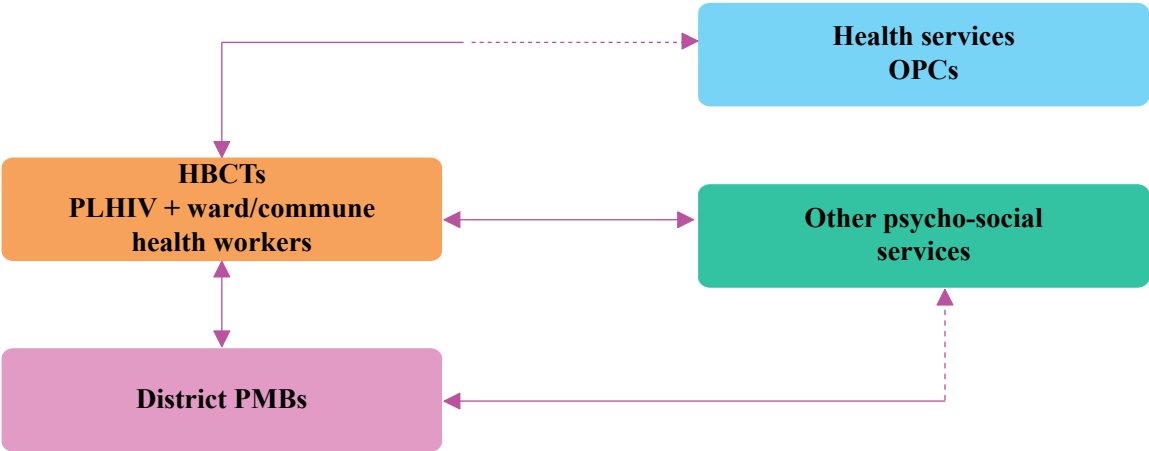


Diagram 3.1.1. Project management

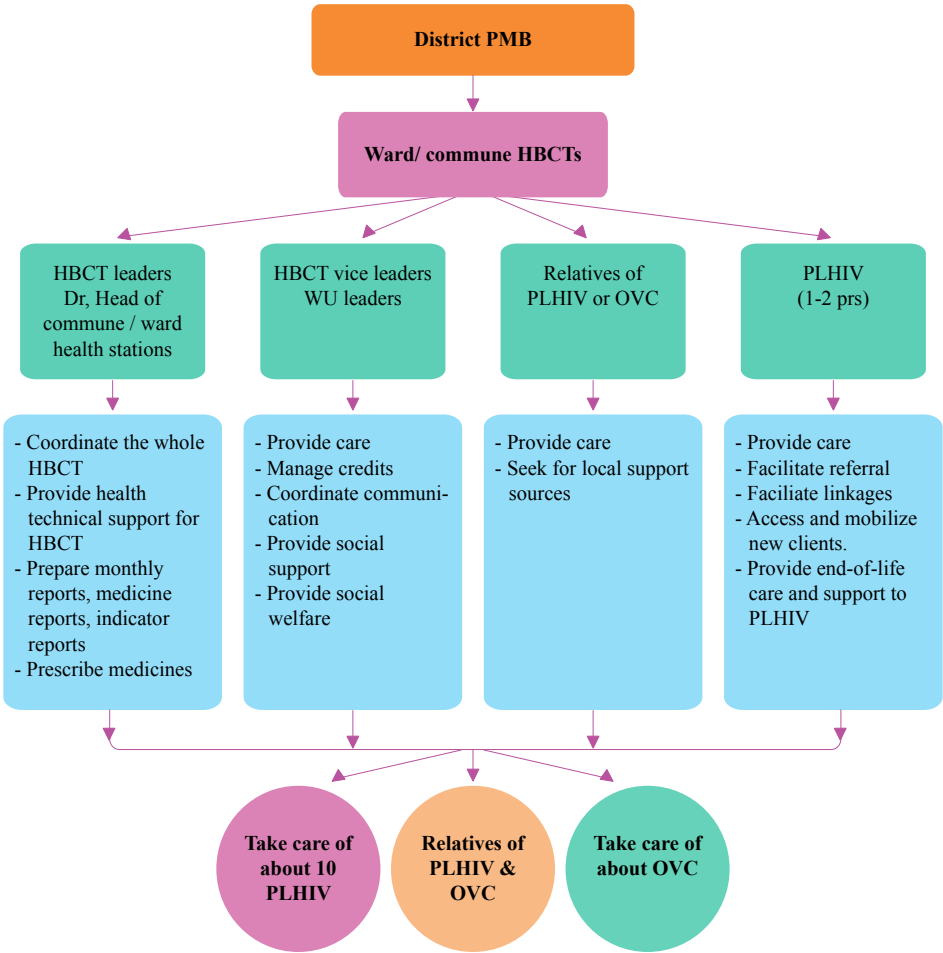


Diagram 3.12. HBC model

3.1.1. HBC givers selection criteria and HBC regulations

- HBC givers are recommended by the community and then selected by the PMB based on a set of criteria such as: Healthy, able to arrange time, enthusiastic, good at communication, voluntary, committed...
- HBC regulations are based on the HBCT job responsibility description decided and signed by the PMB (*Refer to appendix 3.1.1 – HBCT responsibility description*)

3.1.2. Capacity building route

Building the capacity of the HBCTs has always been a focus over the past years of project implementation.

In initial years, the project focused on building capacity of HBCTmembers through training on HIV basics, HIV/ AIDS prevention and control law, PLHIV and OVC home-based care skills, counseling skills, communication skills. After that, HBC givers were provided with supplementary and advanced training to make sure that they were able to provide good quality HBC services: ARV adherence, ARV side-effects and handling methods, detecting and handling with opportunistic infections, nutrition for PLHIV and OVC, reproductive health care for PLHIV. Also in order to help with spiritual care for OVC as well as better organize the project events, the project has also focused on equipping HBC givers with other knowledge and skills such as: skills to work children, parenting skills, child rights, communication skills (*Refer to appendix 3.1.2.1 training materials*).

To improve HBC skills, the project has also cooperated with Viet Tiep hospital – the biggest hospital in Hai Phong to send some HBC givers as PLHIV to study and practice caring for PLHIV at the Infectious Diseases Department: initial caring skills (pulse rate measurement, breath count, temperature measurement, blood pressure measurement, asking about health status...), detecting & caring some symptoms of OIs (vomiting, diarrhea, cough, fever, skin inflammation, dyspnea...) or end-of-life care for PLHIV. Such opportunities to expose to and care for actual patients like that has helped HBC givers to accumulate a lot of useful experiences in HBC as well as helped HBC givers sympathize with HIV patients. In HCM, HBC givers have had opportunities to attend study tours to Ky Quang pagoda and learn how doctors and nurses conducted health examination and counseling for PLHIV and OVC.

In addition to that, the project has continuously sent HBC givers to share with and learn from colleagues from other NGOs and other local organizations. Through these exchanging activities, HCBT teams have not only had chance to improve their knowledge and skills related to their HBC work but also good opportunities to strengthen their enthusiasm.

Improving capacity of HBC givers has been also through mobilizing HBC givers themselves to deliver training or share with other members of other HBCTs or community-based groups about knowledge, skills and working experiences.

To build capacity of HBC givers to improve HBC quality, the project has also focused on HBC monitoring to provide timely comments and adjustments to the knowledge and skills of HCBTs (*Refer to Appendix 3.1.2.1 Monitoring and supporting*).

3.1.3. Implementation methods

HBC activity of the project includes care for PLHIV, OVC and relatives. This is a continuous and comprehensive activity, which applies case management for PLHIV.

Community / home based care is a core part of palliative care (Palliative care is to provide all possible care and support for PLHIV and OVC to reduce HIV/AIDS harm for PLHIV and their families).

The project HBCTs provide services for PLHIV and their families including counseling and guidance for HBC givers on how they can care for and handle painful symptoms and other common symptoms at home, how to detect dangerous symptoms which need referrals to clinics, ARV adherence support, how to detect and handle some OIs and common ARV common side-effects, counseling and spiritual, psychological, social and economic support. HBC also helps PLHIV and their families to access social support services, end-of-life care for PLHIV, supports for OVC in terms of physical health care, nutrition, shelters, education, vocational training, legal aid and household economy support) and other services.

The project HBCTs provide services for PLHIV and their families including counseling and guidance for HBC givers on how they can care for and handle painful symptoms and other common symptoms at home, how to detect dangerous symptoms which need referrals to clinics, ARV adherence support, how to detect and handle some OIs and common ARV common side-effects, counseling and spiritual, psychological, social and economic support. HBC also helps PLHIV and their families to access social support services, end-of-life care for PLHIV, supports for OVC in terms of physical health care, nutrition, shelters, education, vocational training, legal aid and household economy support) and other services.



HBC giving contest, Do Son, HP September 2009



Bicycle for OVC to go to school, Dist 8, HCM

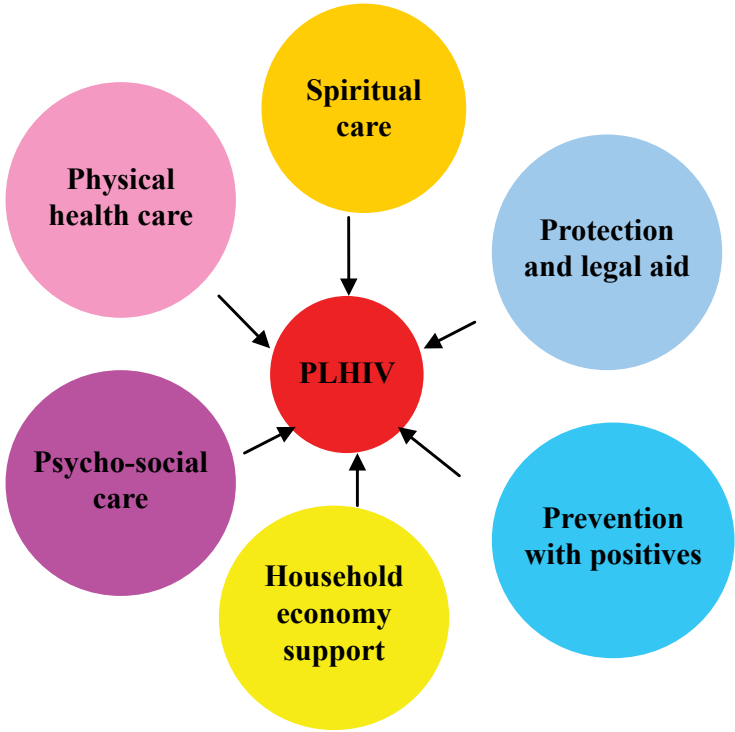


Diagram 3.1.3.1: HBC service areas for PLHIV

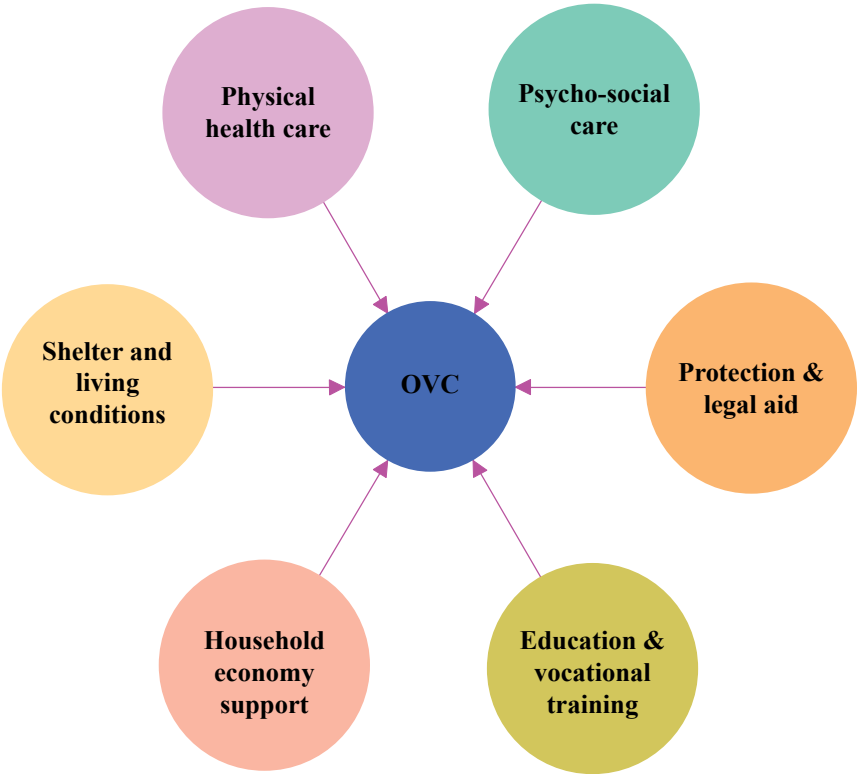


Diagram 3.1.3.2: HBC service areas for OVC

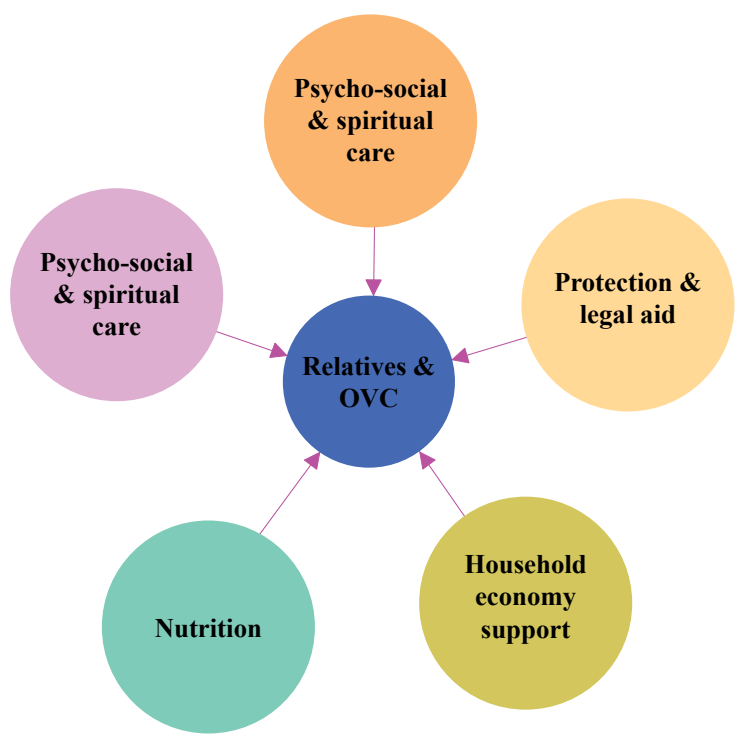


Diagram 3.1.3.3: HBC service areas for relatives

HBC services provided by the project are listed in *appendix 3.1.3- HBC service areas for PLHIV and OVC*.

Continuous and comprehensive care: The project HBC givers play an important role in the system of services covering from HIV transmission prevention, HIV voluntarily counseling and testing, HIV/ AIDS care and treatment at all levels and from clinics to community/home based care.This process is illustrated in the Diagram 3.1.3.4 and 3.1.3.5.

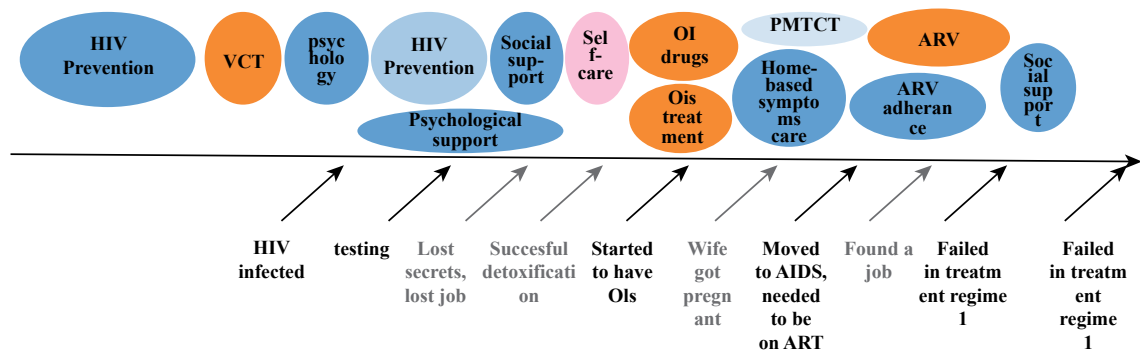


Diagram 3.1.3.4. Continuous and comprehensive care for PLHIV

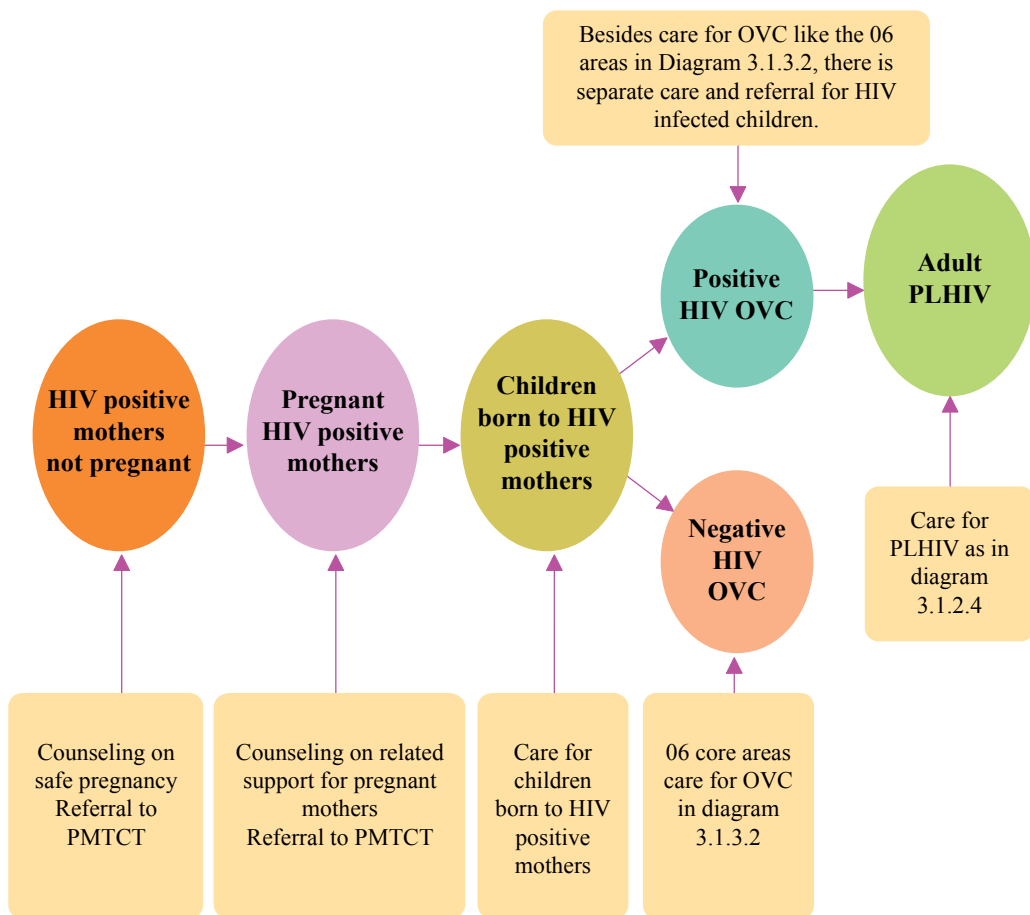
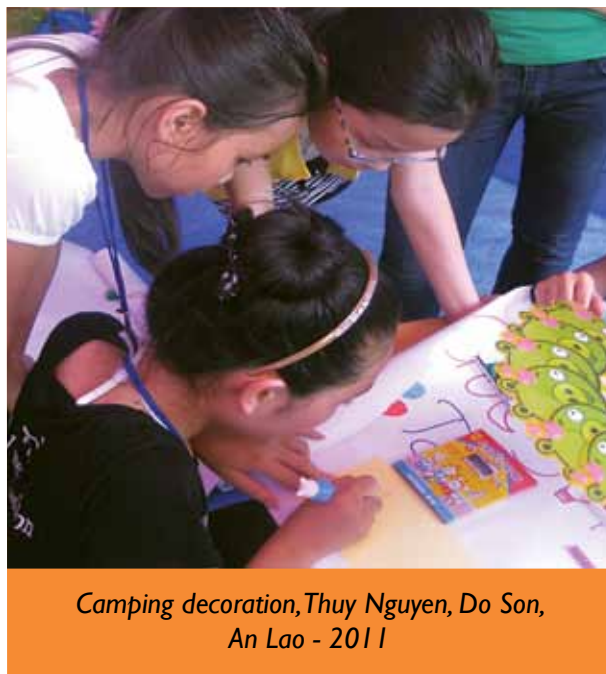


Diagram 3.1.3.5 Comprehensive and continuous care for OVC

Apart from home-based counseling and care, HBC givers have also held events: monthly birthday for OVC, mid-autumn festivals, 1st June camping, nutritional kitchen, outdoor activities for OVC, communication in residential areas on reducing stigma and discrimination against PLHIV and OVC.

The project community/ home based care is a tight cycle aiming to give systematic and continuous to clients until achieving the targets. This type of care aims to support every individual but also target the community. This is case management, which is illustrated in Diagram 3.1.3.6 below.



Camping decoration, Thuy Nguyen, Do Son, An Lao - 2011

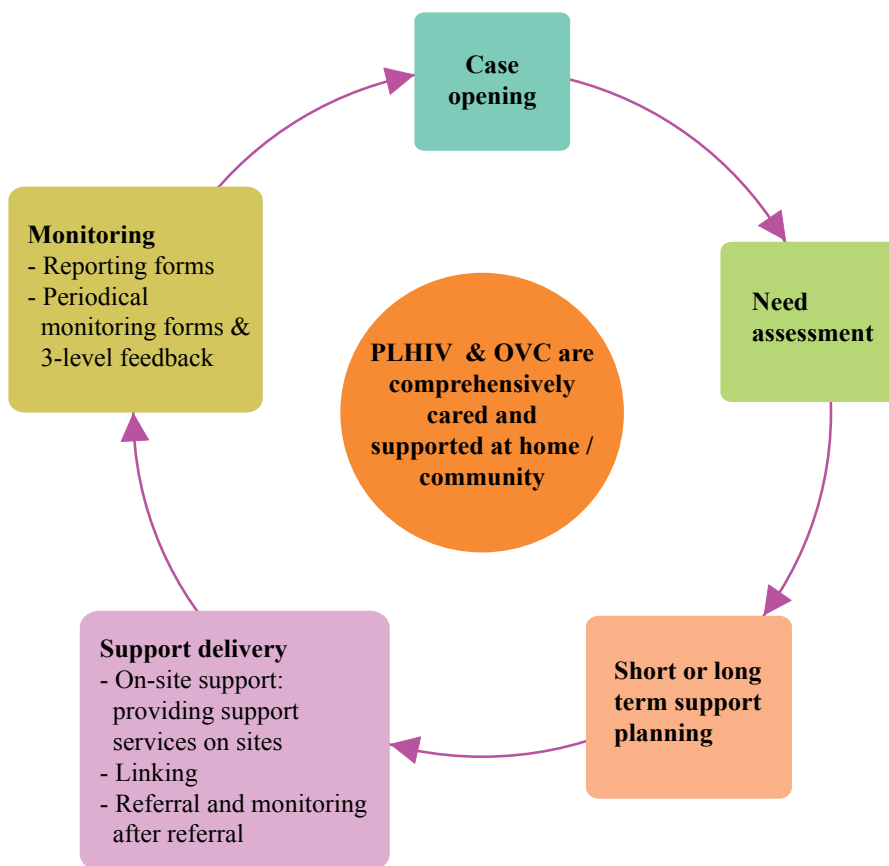


Diagram 3.1.3.6: Case management

Besides HBC gives mentioned in Diagram 3.1, in every project district a core children group has been formed with the members who are children of PLHIV. These core children groups support HBCTs with spiritual and education support to every OVC of the project. This is a kind of child-to-child approach which shows effectiveness and appropriateness and has been highly appreciated by Pact in the Pact evaluation report last February 2010. The core children groups have always accompanied HBCTs of each ward/ commune to support events for OVC (birthdays, international children's day 1st June, mid-autumn festival, outdoor activities...)



HBC gives in Do Son, HP in nutritional kitchen contest - Summer camping 2010

HBCTs also link and cooperate with SHGs of PLHIV in the project districts to have timely support in case opening, supporting and meeting needs of PLHIV and OVC.

PLHIV are important members of HBCTs and they are also members of SHGs. HBC givers as PLHIV often access PLHIV more effectively because they live in the same circumstances. Therefore, there are advantages for HBCTs accessing and increasing clients. Also members of SHGs are closer to each other thus they update information of clients more easily and then communicate that information back to HBCTs to increase cooperation between HBCTs and SHGs. On the other hand, HBCTs also refer clients as PLHIV to the activities of SHGs so that the clients can receive more psychological, social and spiritual support.

The process through which HBCTs access PLHIV and OVC to open cases has challenges and difficulties, which require enthusiasm and patience of all HBCTs' members. One HBC giver in An Lao district, HP says: *"I had to always keep my eyes on him (PLHIV) so many days which were extremely hot. But even when I had been allowed to enter his house, after greetings and introduction, he got a knife and threatened me to go out of his house. But not giving up, I finally managed to access him and persuade him to go for voluntary HIV testing and take part in the project"*

3.1.4. Results

Within the last 06 years of the project implementation, 54 HBCTs of the project with the total number of 178 HBC givers have made great achievements which have already been recorded in many parts of this book: Transformational changes and improved social positions of PLHIV (Section 3.3), development of OVC (Section 3.4), Reducing stigma and discrimination against PLHIV and OVC (Section 3.2).

In this section, we will mention the key project results made by the project HBCTs:



An HBC giver is giving care to his client

First, it is important to mention the roles of the project HBC givers: It is these HBC givers who represent beautiful images of enthusiasm and dedication as a solid support and reliable address for the project beneficiaries and the community. These important factors have made their success as well as successes of the project.

After 6 years of implementation, with persistent efforts, the project HBCTs have always accessed, counseled and referred PLHIV and OVC. This result has been presented in the project annual reports: Gradually increased number of PLHIV and OVC participating in the project, gradually

increased number of PLHIV registering into OPCs, gradually increased number of PLHIV on ARV treatment, gradually increased number of PLHIV and OVC eligible for receiving governmental allowances upon the Decree 67/13, gradually decreased mortality rate of PLHIV.

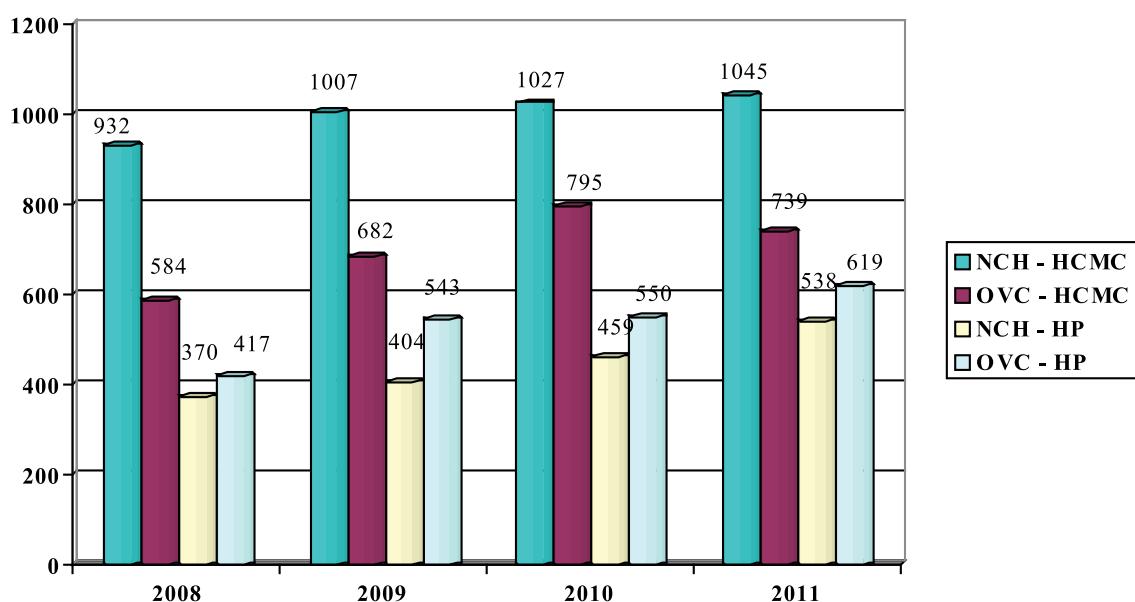


Chart 3.1.4.1: Increasing participation of PLHIV and OVC to the project

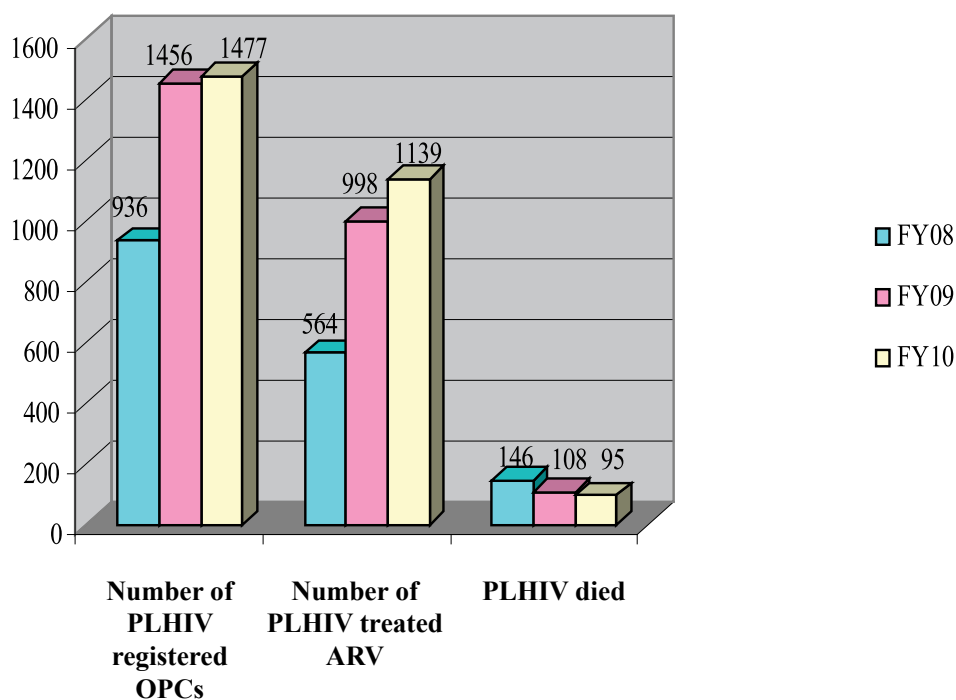


Chart 3.1.4.2: Number of PLHIV registered into OPCs,ART & died from 2008 – 10

Up to April 2011 the number of adults and children eligible (adult PLHIV, OVC and relatives) for having received at least one care service: 4632 (1476 in HP and 3156 in HCM). HBCTs have played essential roles in cooperating with local relevant government agencies to mobilize support for the project beneficiaries.

Districts	Support under the Governmental Decree 67/13 or monthly/ quarterly allowance from other sources		Schooling support for children (support for children to go to school and school fee reduction/ exemption)	Accommodation repair support from other sources	
	PLHIV	OVC		PLHIV	OVC
Do Son	30	23	28	7	4
Thuy Nguyen	44	24	71	2	4
An Lao	11			1	1
Dist 4	12	4	124	7	5
Total	97	51	223	17	14

Table 3.1.4.3 Statistics on support mobilization

HBCTs also play important roles in S&D reduction communication activities in residential areas and schools.

In these activities, HBCTs have organized and directly delivered communication sessions in cooperation with or with the support from local authorities (Refer to 3.2.2. Results of reducing stigma and discrimination against PLHIV and OVC) .

HBC givers who are governmental staff have utilized their strengths in mobilizing local authorities support as well as community resources to support PLHIV and OVC (Refer to 4.2.2 Results of mobilizing and combining resources in transferring & maintaining the project results).

3.1.5. Strengths and advantages

HBC model is managed by the district-level PMBs, which play roles as advisory boards to all activities of HBCTs from technical support, connecting and mobilizing local support programs from the locality as well as other social organizations ...

The diversified structure of the HBCTs has made effective interactions between HBCTs' members; positive HIV peer educators are not alone in giving care to their clients because there have always efficient cooperation in the project implementation as well as in connecting with other local relevant programs (Eg: PLHIV have been invited to take part in communication activities related to care for PLHIV and OVC organized by local authorities).

The project HBCTs have utilized the local materials support sources in the project implementation: 100% HBCTs have had venues for their periodical sessions/ meetings in commune/ ward health stations or People's Committees' offices. Each HBCT has

been given one separate room for its activities. This room has cabinets to contain clients information books and also is used as a place to prescribe and distribute medicines to clients because only health workers are allowed to do that. Particularly the health station in An Lu commune, Thuy Nguyen district has provided venue and equipment for Hoa Hai Duong club for their meetings/ trainings. Also An Lu Commune Health Station has lent this club a separate venue which is near the market and convenient as a transaction office for producing and selling ghost money/ joss paper. People's Committee of Tan Thuan Dong ward, Dist 7; Women's Union in Dist 8 and People's Committee of Ward 3 and Ward 14 of District 4 in HCM have supported venues and equipment for relatives of PLHIV and OVC for their monthly meetings as well as credit and saving activities

The project HBCTs have also helped to maximize the strengths of governmental personnel in the project implementation: Heads of Commune/ Ward Health Stations or leaders of commune/ ward Women's Unions have advised and proposed ideas to the People's Committees of those communes/ wards regarding rights of PLHIV/ OVC. They have also linked/ cooperated/ requested for local support for the project activities as well as for the benefits of PLHIV/ OVC.

The project HBCTs have also utilized technical expertise of seconded staff from health stations and women's unions: This staff very often has chances to participate in training classes under their line sectors. Therefore, they will play roles as professional trainers/ reporters/ communicators in the community.

The project HBCTs have also contributed to develop the advantages of the grassroots women's networks: Grassroots Women's Union leaders taking part in the HBCTs have been able to connect the project activities to other programs of other associations (charity associations, farmers' associations...) to mobilize support for the project PLHIV and OVC. At the same time, being members of HBCTs also help Women's Unions' leaders to strengthen their strengths in HIV prevention and control communications as well as care and support to PLHIV and OVC in the project area.

3.1.6. Challenges and solutions

Because some HBC givers as government officials work part-time as HBC givers, it is difficult for them to use their time actively to participate in the activities of the project. This difficulty has been raised during the PMB meetings and the PMBs have tried to improve this by adjusting time so as not to affect the operation of the project while maximizing the participation of these HBC givers.

Because the project has only supported a very small allowance for traveling gas and telephone used for the project work purposes, HBC givers as PLHIV must also have other jobs to supplement income for their daily life. For example, at the same time they also participate in many different programs or projects so their time is overlapped, which has affected their participation in the project activities. That HBC givers as PLHIV involved in many different programs on one hand is very good for

them to accumulate knowledge and skills and establish relationships, on the other hand to make sure that they can complete their HBC work of the project, they need to commit to have cooperation other HBC givers in the HBCT.

3.2. Reducing stigma and discrimination against PLHIV and OVC

Knowing her real health status, she (a PLHIV) was sad, tired and did not want to meet and talk with anyone. She and her child cried a lot! She said this in tears: "At that time it S&D against PLHIV was very hard. People looked down on me and kept away from me".

A health worker in An Lu commune, Thuy Nguyen dist, HP

Before 2005 when the project was not started yet, S&D against PLHIV was very heavy for PLHIV in their daily relations. S&D is the main barrier causing PLHIV and their families difficulties in accessing education, health care and other social services. Worries about S&D might make PLHIV and most-at-risk people not want to go to testing, care, support and treatment services that they really need. S&D also limits the participation of PLHIV in prevention, care and support for PLHIV and OVC. This limitation is the obstacle in the utilization of community resources including PLHIV and their families whose roles are presented in section 3.1 HBC..

3.2.1. Communication forms

Communication is considered as most effective measures to reduce S&D to help PLHIV, OVC and their families to integrate into their community, help PLHIV and OVC overcome S&D barriers, live positively and no longer stigmatize themselves. The project has applied appropriate communication forms over different project stages and in response to characteristics of each district.

Art-based communication

Art-based communication was organized in 2005 and 2006 in Do Son district. This kind of communication used humorous short plays and songs about HIV. The project cooperated with the Youth Union to select members for the art-based communication group. Members of this group were trained on HIV and communication skills. Communication scripts included communication songs about HIV and funny short plays. Then the group practiced the scripts, did rehearsal and finally delivered the performances in residential areas. Each month one art-based communication was held in most serious S&D area. On average, each communication attracted from 500 to 700 turns of participants. This activity has more or less helped the community understand more about HIV and in fact, it has helped new HBCTs establish and access clients more easily. This kind of communication is an on-the-surface activity, which has withdrawn a large amount of viewers. The information / messages were disseminated in one-way mode without feedback from audience. However, this kind of communication was

suitable in the early stage of the project because it helped to increase knowledge of HIV for the community and helped PLHIV feel safe to participate in the project

“Since the project held the communication through funny plays and songs, PLHIV have known more about the project, benefits of participating in the project and learned more knowledge about HIV infection prevention. Also through these communication events, the community has been provided with knowledge of HIV, transmission ways and prevention measures”

*A health worker in the Health Station of Bang La commune,
Do Son beach.*

Small group communication in the community

Since 2007 the project has applied small group communication measure to provide knowledge and change behavior of the community who still stigmatize PLHIV. Initially the communication measure was still too simple, not effective and participants were passive. In late 2007 communication groups were founded.

Communicators were diversified up to each locality of the project. They were core members of SHGs (in Do Son), or members of Women’s Unions (in An Lao dist and Dist 8) or HBCT themselves (Dist 7). In Thuy Nguyen dist, communication was held in big groups of 70 – 100 participants.

Communicators were equipped with S&D reduction communication (Refer to appendix 3.1.2.1 training materials). They were also retrained every 06 months to practice new plays and update with new knowledge.



Small group communication through a crossword puzzle, Do Son dist, HP

This activity was regularly held in cooperation with local mass organizations to reduce S&D. On average, each month the communication groups in Hai Phong organized 7-12 sessions and those in HCM held 15 – 20 sessions. Each session attracted from 15-20 listeners. The communication groups went to each residential area and village where S&D was still severe to deliver communication sessions.

The communication measures became more and more diversified and effective such as: picture analysis, role-plays and movie analysis. Through art-based communication, knowledge was conveyed to listeners more lively to mobilize more active participation and feedback from the audience

S&D reduction communication in schools

S&D reduction communication named “Hope and actions” were held in 2008 – 2009 at schools in Dist 8 and Dist 4 and Dist 7 in 2010.

The communication was held via artistic performances by comedy artists, who delivered comedy plays followed by questions and answers with the students. The schools also had communication boards on HIV, introduced students to 03 ways of HIV transmission and prevention measures; communication leaflets on HIV were also used.

In order to hold this activity, the project cooperated with district Department of Labor, Invalid and Social Affairs to select core children’s group members including community children and OVC. These children were trained on HIV and communication skills.

In 2010, six communication sessions were conducted in schools in 03 districts of HCM. On average, each session had 450 – 500 turns of participants including teachers and students. This activity has helped to increase students’ knowledge of HIV and these students have sympathized HIV positive classmates or classmates living with PLHIV. Through these students, the communication messages were also disseminated to parents in order to reduce the pressures of the parents requests to quarantine HIV positive children in schools and community.

3.2.2. Strengthening home-based care and linking community-based groups

Through HBC strengthening with care and support areas, physical and spiritual health of the project beneficiaries has improved remarkably. This is one of factors contributing to reduce S&D of the community against PLHIV as well as PLHIV’s self-stigma and self-discrimination.

The project has step-by-step connected PLHIV, their relatives and community groups together through experience exchanging and sharing activities between friend to friend group, OVC/PLHIV relatives’ groups, PLHIV clubs’ monthly meetings, OVC’s playgrounds and outdoor activities and credit borrowers’ groups. These activities have replaced the inferiority complex and self-stigma of PLHIV with their confidence and desire to integrate into the community and work normally as other people.

“Whenever I am still alive, I will still continue to contribute my small energy to HIV/AIDS control and prevention”.

A PLHIV in Thuy Nguyen dist, Hai Phong city

3.2.3. Results

“Now I no longer see the S&D look of people but instead it is the loving and sharing from everybody. I have widened my arms to receive all the sentiments people have for me. My love for life is burning in my heart”.

Sharing from one PLHIV as an HBC giver in An Lao dist, HP

Small communication in the community about S&D reduction has helped PLHIV and OVC integrate better into the community; helped PLHIV not stigmatize themselves and helped the community eliminate their S&D look at PLHIV once the community has understood about HIV.

“I used to be very scared when hearing about HIV. I thought HIV was a very frightening infectious virus. Now I know that it is not as terrifying as I thought because it is only transmitted through 03 ways: Blood, unsafe sex and from mother to child”

A resident in An Lu commune, Thuy Nguyen dist, HP.

Communication sessions have brought obviously positive results, which are proved in the more and more increasing number of PLHIV and OVC participating in the project (initially due to S&D, PLHIV faced with a lot of obstacles when disclosing their HIV real status; OVC families were afraid that their children study was affected, they did not dare to let their children participate in the project). Thanks to S&D reduction communication and mobilization efforts of HBCTs, many children living with HIV and affected by HIV have been able to go to school with other children at their age. For example: In one kindergarten in Do Son dist, HP in 2008 parents objected to one HIV positive child studying in the same school with their children. They said that if the school still admitted the HIV positive child, they would move their children to other schools. Another example was about one six-year-old child who was rejected to grade I by one school in 2008 in Thuy Nguyen dist, HP. Another example in Dist 8 about one OVC who was studying in a school, that child was detected to be HIV positive by the school and parents of other students and then they no longer accepted that student; the HBCT with the support from the PMB worked with the school based on child rights and also held communication sessions for teachers and parents of other students; Finally those OVC were re-admitted by their schools. Those successes were the very good beginning for more than 1,000 OVC to have equal access to schooling like all of other children.

3.3. TRANSFORMATIONAL CHANGES AND IMPROVED SOCIAL POSITIONS OF PLHIV

Since WVV provided support to PLHIV in Dist 4, to me, I have seen many good changes and impacts on the life of PLHIV. I have seen around myself, specifically one international organization such as WVV in cooperation with local mass organizations, authorities, HBC volunteers have give great spiritual and material support to PLHIV in Dist 4. This is a very strong motivation to help PLHIV feel more confident because they feel that they are not alone. Instead they fell they still have their families and community to accompany them to overcome life difficulties often faced by PLHIV, ... helped me see smiles of children and wordless happiness of PLHIV, relatives, families and people affected by HIV.

A PLHIV in Ward 3, Dist 4, HCM

3.3.1 Situation and status of PLHIV before their participation in the project

At the beginning of the project, HBC givers had many difficulties and challenges in introducing the project to the community. Very few people agreed to participate in the project. Group meetings and discussions were always difficult and did not succeed in mobilizing participants. Besides, PLHIV were very weak with low CD4, caught OIs easily, limited working capacity, low education level, lack of knowledge and skills. In addition, male PLHIV were often drug users and related to social evils like gambling and drinking. All of those facts created a bad image of PLHIV within the community. Moreover, the insufficient understand of the community toward HIV/AIDS brought about a severe S&D against PLHIV. PLHIV also stigmatized and discriminated themselves. S&D also limited participation and contribution of PLHIV in HIV prevention activities.

3.3.2. Improvement methods

Building capacity of PLHIV

“I feel as I was born for the second time. I have been invited to life skill training classes. Now I know how to take care of myself and avoid infection for surrounding people, and I have better understand about my disease”

A PLHIV in Trung Ha commune, Thuy Nguyen dist, Hai Phong

Apart from comprehensive care and support, the PLHIV in the project area have



HBC givers are doing dental examination for her client.

been created favorable conditions by the project to participate in training classes to improve their knowledge and skills on HIV/AIDS, positive living skills and group working. Therefore, PLHIV not only know how to take care of themselves and their family members but also voluntarily join SHGs, peer educators' groups and friend to friend groups to provide peer care and support.

Increasing PLHIV's participation

PLHIV have also been given opportunity to be members of HBCTs. This is a peer-based approach and its effectiveness is worth recognition. It is these PLHIV who

have become positive factors and spiritual support for other PLHIV in the community. Because those PLHIV have knowledge, skills, experience and support from the project, they have become very confident and enthusiastic in providing care and support to those in the same circumstances with theirs in healthy, weak as well as the last moments of their clients' life.

The creation of favorable conditions for the participation of PLHIV is that the project has encouraged and provided advantageous chances for PLHIV to become PMB members. Once they have become PMB members, their voices, ideas and contributions to the project activities are considered equal to that of other PMB members. The participation of PLHIV in the PMB has helped to raise problems faced by PLHIV and OVC in PMB meetings, discuss about solutions and implement timely interventions in terms of food security, nutrition counseling during ARV treatment, support to OVC physical development, stable study, improvement to families' hygiene and sanitation.

PLHIV have become more and more confident with improving capacity. They used to be shy speaking in front of crowds but now they are confident to talk in meetings/ training, talk to everybody and even shake hands with the local authority leaders. They are also confident to show their artistic talents in events/ workshops. In August and September 2010, under the support of PMBs, three SHGs in HP were active to organize "5 years and 2 years' celebration of group establishment" in all steps from planning, preparation, organization and activities implementation. In HCM, SHGs' members are the main supporters in OVC's outdoor activities in forums, meetings and exchanging activities on the World AIDS day (1st December), outdoors activities, contests, workshops and cooking nutritional meals for PLHIV and OVC. Active participation of PLHIV has helped the community, PLHIV, OVC, HBCT members and local authorities have better understanding about HIV/AIDS, transmission prevention, S&D reduction and help the community change their behavior toward PLHIV and OVC as well as receive the consensus from the community.

3.3.3 Transformational changes in PLHIV

For the general objective of the project as to improve the life quality of PLHIV, the project has made effective impacts on the life of PLHIV through transformational interventions.

People around my mother used to look down on her but now respect and love her. Actually she has been very courageous and persistent to overcome all difficulties and obstacles in her life

An OVC in Do Son dist, HPg

PLHIV have been active in S&D reduction activities

PLHIV have directly participated in S&D reduction activities in the community. In the beginning, PLHIV only shared about their personal experiences but now they have become the main speakers in this kind of activities. This is an important improvement of PLHIV because it has helped them overcome themselves to have their roles and capacity recognized. In one communication session in one commune of An Lao dist - HP, after the communication and sharing of one PLHIV, the local people and officials of the commune came to shake hands of the speaker and praised "I am very surprised that you are a PLHIV. You're very beautiful and smart and not like what I have thought of PLHIV before". Another sharing story from a PLHIV in Thuy Nguyen dist (TP,HP) also mentions the effectiveness of PLHIV in the role of a speaker in communication sessions: "Wow,

listening to your communication yesterday was very interesting. “Mr. World Vision” is amazing! Your communication session has made many things clear to me now”. PLHIV have been confident to access existing services to receive care and support in HIV transmission prevention, formed positive living styles, improved their awareness and practiced safe behaviors.

Prestige of SHGs of PLHIV and network

PLHIV have actively participated in SHGs and friend to friend group because these are good environments for PLHIV to help each other as well as create effective and sustainable operation models. The project has provided the groups technical support and modest financial assistance as well as materials for their periodical activities. At first, SHGs’ activities were unprompted. Now these groups have had operational regulations, names and are known and supported by many organizations. Some groups have been able to write and submit proposals to donors for support.

Truong Son Xanh Group (in An Lao dist, HP) have received financial support from COHED with the total funding of more than 200 million VND to repair the entire periodical meeting venue of the group and purchase some necessary equipment.



*An Friend to Friend exchanging activity
in Dist 4, 7, and 8 - HCM*

The remaining 164 million VND is used for developing the credit group. Particularly, the Truong Son Xanh group, with the efforts from its members and support from the An Lao District PMB, has succeeded in forming a cooperative group which can provide services such as garment and tailoring, trading, credits and HIV care/ counseling for PLHIV.

Hoa Hai Duong Group (in Thuy Nguyen Dist, HP) has developed a plan to establish a joss paper production group. This plan has been submitted to COHED and has received funding for operation. Friends’ Group (in Do Son district, HP) and Truong Son Xanh Group, with the support from the PMBs and Women’s Unions of the

two districts, have been provided a loan to develop an economy development model: fish raising and transportation vehicle washing. With these economic development models, these SHGs’ members have also been able to contribute to the funding for the operation of the groups (Refer to Section 3.5 Household Economy Development).

Through these income generation activities, PLHIV now are able to develop sustainable and effective economic development models together instead of economically relying on their family members. It is their achievements which have built their confidence and strengths in their life. *“As human being, we always dream and need to have dreams because dreams help us carry on. Without dreams, we are like a lamp without light, which means we have failed”* are the sincere words from one PLHIV in Dist 7. Now he is the owner of

a very good motorbike repair shop and right in this shop, he has recruited and trained many people, including PLHIV.

In addition, participating in many activities of the project and community has helped PLHIV and OVC better integrate into the community. This shows the spiritual care for the project beneficiaries. The project has created and maintained a strong living capacity within PLHIV, helping them realize meaning and happiness in their life.

3.4. DEVELOPMENT OF OVC

Compared with a long time being in touch with Nhi, what we have done for her is still very modest. Seeing Nhi has grown up, we feel very proud. She is the example we often use to show to our children for their following. I admire her persistence and optimism. I have met any child with such a strong spirit.

HBC giver in Ward 2, Dist 8, HCM

The project has provided care and support for OVC since 2006. After 05 years' implementation, the project has provided 1,300 OVC with comprehensive care, increased schooling opportunities for OVC and access to other social services. The project children have improved their capacity, life skills, thinking and orientation for their future life. The project children have been given opportunities to attend community activities.



OVC in Do Son Dist, HP in an outdoor picnic in Sept 2009

3.4.1 Capacity building and participation strengthening



Golden Bell Ringing Contest in districts of Thuy Nguyen, Do Son, An Lao - HP 2011

Improving children's capacity to increase their participation is the most important objective of the project's care and support to children. To achieve this objective, it is extremely important to establish and maintain the children's network and increase policy advocacy in caring and supporting OVC.

Children's network development

In order to strengthen the participation of OVC and then improve life quality of OVC, the project has established an OVC network from commune/ ward to district

level. In the OVC network, 70 core children in HP (30 in Thuy Nguyen, 30 in Do Son and 10 in An Lao) and 90 core children in HCM (20 in Dist 4; 30 in Dist 7 and 40 in Dist 8) have played as a bridge between other OVC and the project. Those who are selected as core children must be more than 12 years old, active and interested in social activities and residing in communes/ wards with a large number of OVC. The core children play roles as group leaders to support and guide other OVC.



Diagram 3.4.1. Child participation strengthening network

The core children's group in Do Son dist – HP, after 05 years' project implementation, has established "Mang Non" Club (Bamboo Shoot Club) in August 2010 with 23 members with clear job description for every member and club operation regulation with the desire to help each other integrate in the community and overcome difficulties to carry on in life (Refer to appendix 3.4.1. Operation regulation of Bamboo Shoot Club)

Improving capacity of children and working network with children.

The project core children's capacity has been improved through training classes on child rights, child-to-child approach and life skills (Decision making skills, critical thinking skills, refusing skills, team work skills, emotion controlling skills, representation skills). Because of this, the core children have improved their capacity and have been able to help other OVC to speak of their needs. Through monthly group meetings of OVC, contents related to life skills and living values have been discussed based on learning-via-experience method to strengthen the children's participation.

In addition, the core children have also been trained on "Training of trainers" on child rights and child participation. Based on this, they will retrain other children. The PMB members have been also trained child rights, child protection policies and skills to work with children.

On quarterly basis, based on the proposals from the core children, the project has held various events such as organizing exchanging activities with children from other places, visiting Ethnology Museum, zoos, historical vestiges like Temple of Dr Nguyen Binh Khiem, cooking competition on Thien Van Hill, painting contests Through those events, the children have improve their capacity in terms of group management, responsibility, creating themselves good examples in study, enrich their knowledge of social science and more importantly they have had chance to take part in a useful playground to improve their spiritual health for community integration.

In the initial time after establishment, the Bamboo Shoot Club had to face with the biggest difficulties such as limited capacity, members' lack of time to participate and how to attract OVC to be more active and dynamic. With non-stop learning attitude and great passion for social work, 05 core children and other members have been very passionate in attending “training of trainers” sessions on child rights, communication on human trafficking, reducing S&D against PLHIV. They have set up smart timetables for small members. They have organized activities from easy level such as organizing birthday parties for OVC to difficult level such as organizing communication sessions in the community and working as speakers for the camping event named “Belief lighting” in 2011. Bamboo Shoot Club members have really shown their talent through the achievements they have made, continued to maintain the sustainability of and developed their club.

In addition to that, the project has developed a network of volunteers to provide technical support to the children in each project district. These volunteers have been selected from those specializing in children/ youth and community workers interested in working with children. Then they have been provided with knowledge and skills to work with children. These volunteers have always shared their experience with the staff in charge of “Child participation strengthening” and WVV project staff to receive timely technical support.

Children have participated in sharing about their need, project monitoring and evaluation

All the project activities for the project children have been designed based on children's need (children tell their needs). The children have been also encouraged to monitoring all the project activities related them. The ideas and feedback from their monitoring have been collected by the core children group or HBCTs and then discussed with the PMB and WVV to have better support plans for the children. That the children have taken part in the project monitoring activities has been presented clearly in the project's MSC stories. The children have also raised their ideas in the project sustainability maintaining workshops. To ensure social welfare for the children, the project over the past year has had direct interventions on the children and people working with the children as well as direct care givers of the children.

3.4.2. Policy advocacy for OVC and ensuring the child network sustainability

The current children's network is the model which has had many positive impacts on the project children and community. Seeing those positive impacts, the PMBs have assigned members as representatives of departments/ agencies within the related districts to give support to these children's groups and commit to maintain the operation of the children's groups even when the project has closed. For example, the Bamboo Shoot Club has been supported by the Do Son district Department of Education and Training and the PMB.

- **Mobilizing the participation of the local partners:** HBCTs, PMBs and different levels of local authorities.

To make sure the children's network will be sustainable, since the beginning the project has planned to set up the working network of children from commune/ ward up to district level. At each level, there is support from the local related agencies/ department: The Districts' Departments of Labor, Invalids and Social Affairs have helped with the issuance of birth certificates for children going to school and created favorable conditions for the children and their families to benefit social policies such as the Governmental Decree 67/13. The Women's Unions of the project



Products of the core children in Dist 8 in the camping event between dist 4, 7 & 8 in HCM

districts have helped the OVC's families with loan for economic development and training on how to use the loan effectively. The Departments of Education and Training of the project districts have called for the schools in the project area to give partly financial support to the OVC in terms of tuition fee and assign teachers to coach OVC who have difficulties in their study. The Health Care Stations of the project districts have helped the children have health insurance cards, free health check and treatment as well as periodical overall health check in cooperation with the project. Apart from these regular activities, other related departments and agencies have actively participated in giving support to the project OVC and their families in special occasions such as in Tet holidays, mid-autumn festivals and international children's day with the governmental funding or through raising funding from other organizations, or voluntary individuals in the community.

- **Mobilizing the participation from other organizations and individuals**

The project has linked with the Passion Hospital in HCM to refer HIV positive children to the free care and support services in this hospital. Besides, the project has joined the care and support network for OVC at the city level. This network was established with the participation of most of governmental and non-governmental organizations. Therefore, a lot of related information has been shared. A typical example is that the project has successfully appealed to the World Bank for 40 savings books for 40 most difficult OVC in the Dist 4 (Each OVC receive 200,000VND/month) . In An Lao district - HP, one business person has fostered one dual orphan vulnerable child (the child's parents have died of HIV/AIDS).

- **Children's forum and achievements in policy advocacy activities:**

Children's forum is one of effective policy advocacy measures. Over the past 05 years, the project has improved capacity of local partners and OVC to organize forums from ward/ commune to district, city/ provincial and even up to national level. One forum is held through 08 steps (Step 1: Planning, Step 2: Selecting children's groups and speakers

as children, Step 3: Improving capacity of the children, Step 4: Preparing for the forum at the locality, Step 5: Monitoring the forum preparation at the locality, Step 6: Organizing experience sharing workshop, Step 7: Holding the forum, Step 8: Post-forum activities)

In all forums, the children spoke of their needs for the authorities of different levels to listen to and have plans to address the children's needs.

“The forum has attracted the participation of all related departments: Education, Health, LISA, Youth Union, People's Committees of the district and belonging wards, children's culture house, Women's Union. The children had chances to share as well as raise questions for the delegates. After the forum, many needs of the children have been realized. For example, the People's Committee of Dist 4 has given direction on health insurance cards for the OVC and has requested the wards' authorizes to give procedural and partly financial support to the OVC to help them access health insurance; the recreational and cultural area in Ward 3 has been repaired and upgraded by this Ward; many OVC have had their tuition fee reduced and exempted; their families have been instructed on how to meet the requirements and procedures to benefit from the Governmental Decree 67.



Forum “Right for equality for all children” in HCM 2011



Children's forum & targets for children in Do Son, HP in 2009

3.4.3. Main results:

In HCM, the OVC group in Dist 8 started its operation in 2006, Dist 7 in 2008 and Dist 4 in 2009; in HP, the OVC group of Do Son dist started its operation in 2006, Thuy Nguyen in 2008 and An Lao in 2009.

However, the children have faced with a lot of challenges: far distance travelling, lack of transportation means, parents living in difficult economic conditions thus having no time to take children to participate in group activities, high pressure study timetable from schools resulted in children's lack of time to participate in group activities, some OVC still stigmatizing themselves; school study timetable contradicting among children's group members. Besides that, the WVV project staff often has to work very hard in evenings and at weekends (out of the children's weekday study) to guide the activities of the children's group. Initially most of the children were timid and shy in communication. Their

participation was graded at “No participation” level in the child participation ranking system but now they have become much more confident.



OVC in An Lao in monthly meetings...

The teacher in charge of group activities in An Lao district comments on An Lao district OVC:

“I have seen positive changes in the children. Pure childhood has come back to them. They now participate eagerly in group activities and put on confident talent performances. Witnessing their successful performances in the musical shows during the World Vision annual conferences and at mid-autumn festivals, I am amazed and thrilled by what a good job they are doing”.

– told by a teacher in Hai Phong city

The proudest result is that the OVC have reached the highest grade “self-taking initiatives and self-making decision” through small project implementation by OVC in Thuy Nguyen dist and Do Son dist– HP and Dist 4 and Dist 8 - HCM. The OVC in Minh Duc commune – Thuy Nguyen district implemented their small project called “Safe environment for children residing near Minh Duc water dam”. The OVC in Dist 4 implemented the small project called “Helping you improve the hygienic conditions of your accommodation”, the OVC in Dist 8 with the small project called “Collecting and selling old books and newspapers to help friends buy text books”. The OVC experience 06 steps in implementing their small projects (Step 1: Team work, Step 2: Our ideas, Step 3: Selecting one problem, Step 4: Looking further into the problem, Step 5: Planning and actions, Step 6: Assessment). The OVC group in Minh Duc only received 810,000VND to buy some necessary tools. Apart from this, they also succeeded in mobilizing resources from the local people such as labor, refreshment for each environment sanitizing day and available tools in households. These small projects are maintained every month to help the OVC and the residents living in the Minh Duc river bank village to have a safer living environment and play ground rather than a place with reed (cane-brake), garbage; mosquitoes and insects have been decreased thanks to this small project. The OVC in Dist 8 have bought 02 kits of textbooks for their disadvantaged friends. In addition, the small projects have also attracted contribution from authorities at different levels in the district/ ward/ commune to have more resources for the children’s small project implementation. A typical example is that the Department of Labor, Invalids



OVC in Minh Duc commune, Thuy Nguyen dist, HP is implementing their small project

and Social Affairs of Dist 4 has raised some more funding for the children to buy paint to re-decorate study corners for other disadvantaged children. The Bamboo Shoot Club in Do Son district implemented the small project called “Communication to improve the local people’s knowledge of HIV/AIDS in Van Huong ward”. In the summer vacation of 2011, the children organized communication through fun games and songs about HIV/AIDS prevention. This really withdrew attention and participation from the children in Van Huong ward to find out more about HIV/AIDS.

The success of the small projects has confirmed the ability of the children and strengthened the support from the local community in care and support to children and the community.

“The children have done many useful things for the community. They can deliver communications to their friends and families about HIV/AIDS and child rights. The villagers really like them”

The head of Minh Duc commune health station - Thuy Nguyen

The small projects have also brought many positive impacts on the participating children in particular and OVC in general in improving the quality of their life. More importantly, the core children in Minh Duc commune – Thuy Nguyen dist has given support to young parentless OVC living in difficult circumstances with their grandparents in the form of tutoring them to study in evening and afternoons and in the form of collecting old books for the difficult OVC in the commune. In addition, the Bamboo Shoot Club has delivered 02 training sessions on child rights and child participation, communication on HIV/AIDS and human trafficking in the community. Furthermore, the core children have also guided and facilitated the children’s sessions. The camping event called “Lighting dreams” in Do Son in 2009 received the first prize in the national forum “Children and targets for children 2009”. Also in this forum, Nguyen Thi Hong Hanh from Do Son, HP was given the precious award “The future young leader” with a laurel wreath by the Ho Chi Minh Communist Youth Union. The 50 children have participated in the MSC writing contest to speak out their ideas. Luu Thanh Huyen from Do Son district, HP has received royalty for her article “Overcoming life challenges” posted on *AIDS and Community* magazine.

In May 2011, the electronic newspaper VNnet cooperated with Swedish Embassy to organize a writing contest called “If you had rights to change the current living circumstance of Vietnamese children, what would you want to change for the best benefits of Vietnamese children?”. Hai Phong received 43 papers; more than 600 children in HCM were introduced to the contest and wrote and submitted their papers directly to the contest organizing board via post. In order to enhance child participation, all HBCT members, child care givers and PMBs have been trained on child rights, the importance of strengthening child participation and committed to comply with the WVV child protection policy.

The project activities contributing to the care and support for the project OVC have made important impacts on the OVC themselves, on those directly working with the OVC and the community. The training classes have helped the OVC and adults to improve their

capacity and recreational activities have helped children to accumulate socializing skills. In addition, the capacity of the PMBs and collaborators working with children has been improved to have influence on the community surrounding children. The information above is the summary of what the project has done to support the children according to the vision “Our vision for every child, life in all its fullness; Our prayer for every heart, the will to make it so”.

3.5. HOUSEHOLD ECONOMY DEVELOPMENT

3.5.1. Situation and status

To reach the goal of improving life quality of PLHIV and OVC, the indispensable factor is income generation for households. What will PLHIV do while their health is weak and most of them are using drugs or on ARV? To answer this question, the project has decided to start credit program to help families of PLHIV and OVC have more income to stabilize their life (Refer to appendix 3.5.1 Appendix of the contract between Women’s Union of districts and WV).

Of all families of PLHIV and OVC, many families are living in very difficult circumstances. These are usually families with orphan children or both parents of the child living with HIV. Some families have received loan but the loan is not sufficient. The families themselves do not have counterpart funding to purchase production and business tools. In addition, some households have convenient conditions for production and business (personnel, land, ponds,...) but do not dare to borrow loan because they are afraid of not being able to pay back the loan.

“You see this? I have this large garden and I want to raise chickens in order to have extra income to support my grandchildren’s study but I don’t have enough money to buy the breeding animals”

One relative of OVC in Tan Duong commune, Thuy Nguyen dist, HP

3.5.2. Using loans for economic development

In addition to that, the project has provided business and production tools for the families without need to borrow loan or these tools have helped to supplement the borrowed loan. These supplementary tools have helped to meet the real business need of households. Up to March 2011 the project has provided business and production tools for 145 households and the total beneficiaries are 566 people.

Loan borrowing and business-production tools providing process:

In HP, the body directly managing the loan is



Loan program helps PLHIV with economic development in An Lao



The project has provided the woman with a sewing machine, Dist 4 - HCM

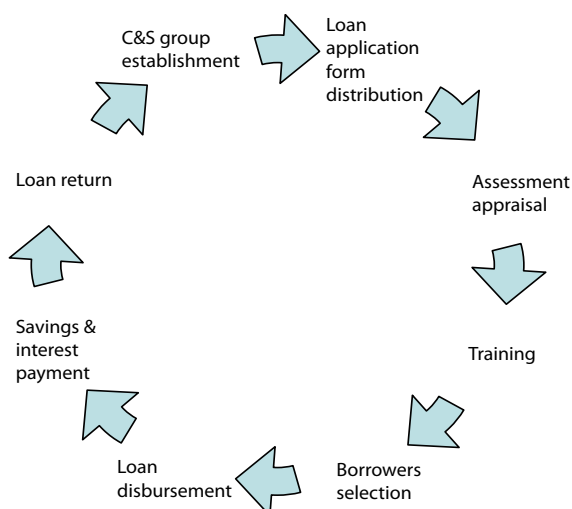
district-level Women's Unions through the implementation of commune/ ward level Women's Unions who also have representatives as members of HBCTs. WVV and district-level WUs co-opened a bank account. The funding has been transferred to credit groups in wards/ communes from that account. Based on the typical professions of the locality and real situation surveys, the project has chosen small loan size to ensure low risks and high feasibility while still helping PLHIV generate incomes.

In HCM, the loan monitoring and managing systems are different between the three districts: In Dist 8, under the direction of the Dis-

trict PC, the District WU has directly managed the loan, surveyed the loan borrowing need of households, disbursed the loan and directly re-collected the principal. In Dist 7, the District WU has managed the loan and transferred the loan to the WU of every ward according to the loan borrowing need of each ward; in each ward, WU leaders as also members of the HBCT are in charge of survey, providing and re-collecting the loan. In Dist 4, this activity has been implemented under the cooperation of the District PHCC, LISA Department and WU; leaders of ward health stations / HBCTs have directly send loan application forms to households in need; the District PHCC receives the forms and then transfers them to the LISA Department for assessing the place and business plans of the applicants and then send the assessment results to the District PHCC; the District WU receives the finalized list of eligible borrowers from the District PHCC and then distributes the loan (The WU keeps the loan and also distributes the loan).

Diagram 3.5.2. Loan & business starting tools provision process

- Step 1: Establish the C&S group including families of PLHIV with OVC residing in the wards belonging to that district.
- Step 2: Distribute the loan application forms by the HBCTs (Refer to appendix 3.5.2-Loan application form).
- Step 3: Assess and appraise the applicants by the WVV project staff in cooperation with leaders of commune/ ward WUs (LISA Department for Dist 4).
- Step 4: Organize training on business management by district-level WU. (Refer to appendix 3.1.2.1 Training materials)



- Step 5: Select the eligible families as final borrowers by the WVV project staff, ward/ commune WU and leaders of loan borrowing groups.
- Step 6: Disburse the loan to the borrowers by ward/ commune WU.
- Step 7: Pay savings and interest: WU leaders hold credit groups (quarterly or monthly)
- Step 8: Return the loan: One loan round is implemented within 01 year from the time distributing the loan to the borrower. The interest rate is 0.5%/month.

Loan management and business forms

The loan groups have monthly and quarterly meetings to share business doing experiences and encourage each other in business and contribute savings every month. In these meetings, the members pay interest and contribute savings (savings amount depends on the regulation of that C&S group; usually it is 50,000-70,000 VND/month). As a result, at the end of each loan round, each borrower only has to pay about 2/3 of the principal. The savings amount collected from the C&S groups then is rotated to new households. That is why there is always one new household being lent from the fund every month. The collected interest is used to buy stationery for the loan management and refreshments for C&S meetings, through which the C&S groups' members have chance to share experience, difficulties and knowledge in their livelihood development.

One typical characteristic of the project area is that in Hai Phong, the main income generating activities for the port city people are related to tourism, agriculture and fishery. The borrowers mainly use their loan for small-scale business, animal and crop husbandry: some households growing flowers and short-term fruit trees. Therefore, they do not have to invest much money while still ensuring quick capital turnover, safety and effectiveness. Every month and quarter no borrowers are in debt of interest and 100% borrowers pay the principal when a loan round ends. The loans provided by the project have really helped to generate incomes for hundreds of families of PLHIV and OVC.

"I take Methadone so I can't work far away from home. I don't know what to do so everyday I gather with free people to kill the time. Since having raised the chickens, I've been much busier and no longer spent time doing useless things"

(A PLHIV in Tan Duong commune, Thuy Nguyen dist, Hai Phong)

In HCM, the borrowers have mainly used the loan for selling different types of food, such as: noodles, sweet soups, rice, duck porridge, snails, coffee, soya bean milk ... and also peeled fruits and coal, ... These businesses need investment in tools to start the business, such as: pans, glasses, tables and chairs, movable carts.

Related to providing initial economic support to borrowers, most of borrowers in Hai Phong need to receive the initial supports in the form of breeding animal (chickens, pigs, fish,...) and



One client has been provided with tools to sell snails – Dist 7- .HCM

production and business tools such as: movable carts for vendors, sewing/ tailoring machines, pumping machines to water trees, feed cookers for pigs and chickens



*A training class on how to make beads,
Dist 4 HCM*

....These initial economic supports have remarkably assisted many families to stabilize their production and business activities because the breeding animals and tools have actually helped to supplement the loans. In HCM, the initial economic supports are mainly in the forms of tools used for selling food such as noodles and coffee. In addition, for businesses like selling coals (for cooking) and peeled fruits, the initial economic supports are in the forms of umbrellas and scales; for businesses like selling peeled or milled (ready to use) onions and garlic, grinders are needed; for motorbike repair, air pumps are needed for motorbike repair, ...

“In my family, both I and my child are positive HIV and very weak. Since the WVV project provided us with a sewing machine to enable us do the sewing/ tailoring at home, our health has been much better because I can be flexible with my time (can take rests during ARV side-effects) while still be able to earn living for myself and my child”.

A PLHIV in Ward 5, Dist 8 HCM

The project has closely cooperated with WUs to organize training classes on business starting, business planning to help the households make a detailed business plan and profit-cost analysis, how to choose a business appropriate with their existing resources and conditions and how to select good breeding animals to minimize objective risks in their businesses.

The provision of loans and business starting tools for the loan borrowing and non-loan beneficiaries has helped many households to improve their economic conditions to support their children’s study better.

Some successful collective business models

Some members of Truong Son Xanh Club in An Lao district, HP have shared a financial investment to open a motorbike washing shop to create employment and income for its members. The club has also established a C&S group with a total capital of 164 million Vietnamese dong as loans for its members (2-8 million VND/household). This capital is provided by COHED.

The six members of the Hoa Hai Duong club in Thuy Nguyen district, HP already completed a business plan on joss paper (ghost money) in May 2011. The core members of the club have succeeded in mobilizing the PC and Health Station of An Lu commune to lend them a venue for producing and selling their products. Each member participating in that business plan will contribute 5-10 million VND to the total capital

plus additional funding to be raised from NGOs. Tentatively that business plan will be in the initial operation in late 2011.

In HCM, in 2008 the project and the PMB of Dist 4 started a training class on making beads for 10 women living with HIV in Dist 4 under the instruction of one woman living with HIV from the Dist 8. So far, 03 of them have received loans from the project to develop beads making job for their living. Their products include bead bags, bead purses and bead key chains. That group has received great support from local authorities of different levels in terms of seeking consumption markets for their products. For example, the district PMB gave the group a chance to display and sell their products in the Asian Indoors Games 2009 in Dist 4 in the District stadiums and through camping events and fairs (National Conference and the Conference in HCM to celebrate 20 years in the battle against HIV/AIDS in Dec 2010).

Difficulties and lessons learned

Because most of the borrowers in HCM use their loans to do businesses related to selling different foods and goods, it is difficult for them to share their business experiences. In addition, some problems with this activity are related to food hygiene and safety. The sellers' health also has influences on their business effectiveness. All of these have affected some borrowers' ability to return the principal and actually these borrowers have had to pay by installments up to 02 years instead of 01 years as planned.

- The project should focus the loan on small-scaled businesses with low investment capital, quick capital turnover, safety and effectiveness.
- The loan provision should be managed in cooperation with the district WU; HBCTs' members should propose the list of borrowers; then the WVV project staff shall cooperate with representatives from commune/ ward WUs to assess and appraise good models to identify the right and needy borrowers and to ensure that the loan will be used properly and returned on time.

3.5.3. Vocational training

The project has not directly organized vocational training for clients. It is the HBCTs and SHGs that have introduced needy and eligible clients to vocational training classes supported by NGOs. In Hai Phong, the project has referred 08 clients to motorbike repair classes funded by FHI. three out of the 08 clients have had jobs related to motorbike repair.

"Now I have completed that course, and I am using the skills I learned to earn money".

- a testimonial from a client in Hai Phong

In HCM, PLHIV also have a great need for vocational training. During the visit of Pact's representatives to the project site in May 2011, clients' need to be supported with vocational training fees was also identified. Currently Pact is trying to connect these clients to vocational training providers.

CHAPTER IV: TRANSFERRING AND MAINTAINING THE PROJECT RESULTS

- 4.1. Strengthening capacity building & developing community-based groups
- 4.2. Mobilizing and combining resources
- 4.3. Plan after the project close-out

The project results transfer and sustainability maintenance have been implemented upon the strong commitment of the PMBs and technical support from the WVV project team. The process has been implemented throughout the last year of the project through different stages with specific objectives and directions as in the diagram below:

Directions for the project transfer year, implementation process & achieved results

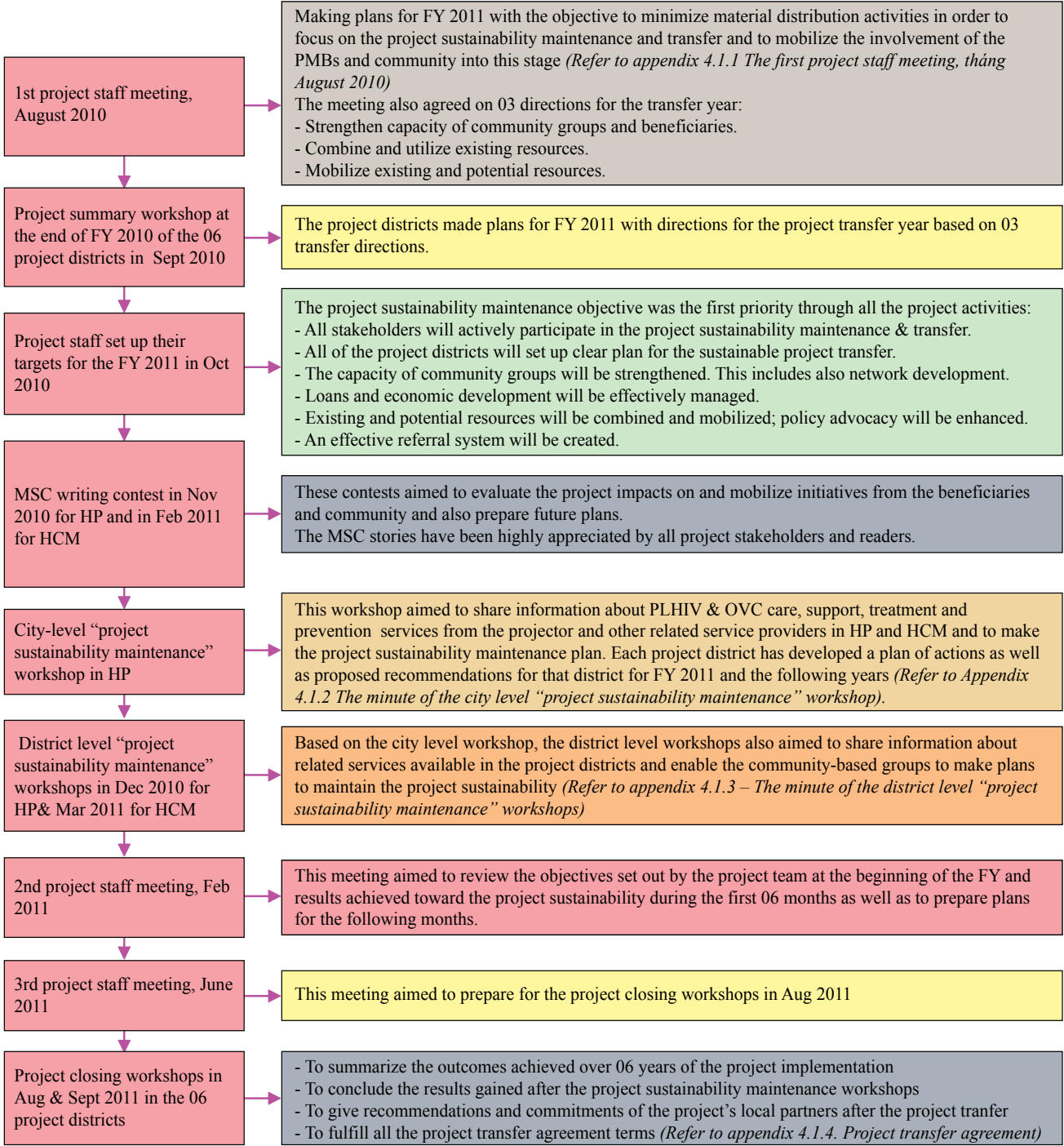


Diagram 4.1. The project transfer & sustainability maintenance strengthening process

4.1. STRENGTHENING CAPACITY BUILDING & DEVELOPING COMMUNITY-BASED GROUPS

Through training classes, the project has provided SHGs' members with the knowledge and skills related to sustainable and effective group management and operation (planning skills, group finance management skills, team-working skills to achieve defined objectives ...). In addition, in order to self-improve capacity and strengthen connections with other organizations, the SHGs have also actively invited external organizations/individuals to come to share and discuss about career opportunities as well as techniques, new economic models or organized exchanging activities with non-project SHGs. For example, 03 project SHGs in HP have had exchanging activities with the Hope Club in Thai Binh province.

In addition, the project has improved capacity of the community-based groups through training and thematic discussions integrated into PMBs, HBCTs and SHGs' monthly meetings (the themes are related to care and support for OVC and PLHIV). Through this method, more and more themes / topics have been discussed and shared without having to organize formal training classes. This has saved resources and time; at the same time, it has helped members of the community-based groups to self-improve their capacity because they have facilitated/ hosted the discussions.



Guiding the children to prepare for training in Thuy Nguyen dist, HP

To enhance the technical transfer, the project has focused on TOT (training of trainers) such as "Training of trainers on business starting" (HP) and group facilitation and communication skills (HCM) or created favorable conditions for community-based groups to become trainers. For example, the Bamboo Shoot Club (Do Son, HP) has retrained child rights and child participation to 50 OVC; Hoa Hai Duong Club's core members have trained 75 OVC of Thuy Nguyen district (HP). The development in training skills has strengthened the project sustainability.

All the PMBs of the project districts have confirmed the sustainability of the project results because these results will be maintained by the community-based groups themselves with the support from the relation bodies/ agencies of the project districts. The Friends' Group (Do Son, HP) has received technical support from Do Son district's Population and Family Planning Center in terms of PLHIV and OVC S&D reduction communication activities through integrating those activities into periodical activities of the Center. Do Son District Health Care Center not only has plans to support the Friends' Group in terms of health care for PLHIV residing in the district but also has selected 09 members of the group to work for other projects. Besides that, in Do Son district, the Bamboo Shoot Club has also received support from the district Department of Education and Training and the PLHIV's relatives' groups have received support from the district WU. The friend to friend in HCM,

the PLHIV/OVC's relatives' groups and the C&S groups have received care and support from the district PHCC, LISA department, Women's Union in cooperation with other related agencies to help with the groups' continuous operation.

Under the support for the PMBs, every SHG has built a plan to maintain their sustainable operation after the project closes and they have gained initial encouraging results.

We have made monthly contribution to our club fund to maintain its operation. With the trustworthiness and sympathy from the community, the continuous support from the local authority and mass organizations, we are determined to unite to turn our dreams become true for a better life!

A PLHIV, Do Son dist, HP

The Friends' Group (HP) has developed a plan to sell condoms and provide counseling on condom use (social marketing) in Do Son tourism area and has intended to join the national PLHIV network. Do Son District PMB has committed to help the Friends' Group to develop into a good model for the whole district. Hoa Hai Duong club in Thuy Nguyen district has developed a plan to produce and sell joss paper to create employment opportunities for its members and also to maintain its operation fund. Truong Son Xanh from An Lao district has developed into "Truong Son Xanh" cooperative group with legal stamp, bank account and tax code (*Refer to appendix 4.1.5 – Decision to establish Truong Son Xanh cooperative group*). The C&S group of women living with HIV in Dist 4 (HCM) has succeeded in producing products made of beads.



Golden Bell Ringing Contest, Thuy Nguyen, An Lao, Do Son, HP, 2010

4.2. MOBILIZING AND COMBINING RESOURCES

With the support and coordination from local authorities, once the project has closed, PLHIV and OVC in the project area will continue to receive support from national health care programs, national tuberculosis program, poverty reduction programs, social policies from the Decree 67/13 CP, programs of WUs of different levels (combining the activities of WUs with care and support for PLHIV and OVC through clubs supported by WUs; providing preferential loans under the Social Policy Bank's program...), and

programs of domestic and international NGOs in the project area... Do Son district PMB has actively looked for projects to continue to support PLHIV with livelihood development. An Lao district PMB has directed PHCC to cooperate with Truong Son Xanh group to provide care and support for PLHIV in the district; An Lao district WU has integrated S&D reduction activities into their own activities. Thuy Nguyen district PMB has directed related bodies/ departments within the district to cooperate with each other to maintain the project results after the project end.

When the project ends, our activities will still continue as usual. We will not be able to provide financial support like nutrition, hospitalization fee and tuition fee. But linking with relevant networks and introducing beneficiaries to other projects with similar objectives will help us sustain the care and support activities for PLHIV and OVC.

A HBC giver in Ward 3, Dist 4, HCM

Also to sustain the project outcomes, so far HP has established 06 PLHIV's relatives' groups as planned at the beginning of the FY. The relatives' group in Van Huong ward, Do Son (HP) under the support of the district WU has become a club named "Vuot kho" (Overcoming difficulties). The PLHIV/ OVC's relatives' groups in Dist 4, 7 and 8 will still operate under the instruction and monitoring of district officials, volunteers and WU.

"The project is going to end sooner or later, but the OVC will not be abandoned. I believe those who have participated in the project will still continue to be a solid support for these children. The project has laid the foundation, but it is we who will continue to build up from that foundation. If we continue to try, I believe one day in the near future orphans and other vulnerable children will be treated like all other children. They will have the chance to go to school without fear, and they will play with other children comfortably and will become useful members of society. It is high time that we adults make sure that all children have better understanding, support, and love".

– from a project staff member in HCMC

In HP and HCM, 100% PLHIV and OVC belonging to the poor standard have received support from the local social policies according to the Decree 67/13 CP. In Do Son - HP, 100% OVC at the age of going to school have had study corners thanks to the project support as well as the resources contribution from their own families and relatives. All the events organized in schools or community have been supported greatly in terms of both personnel and materials from the locality. Particularly, with the activity involvement from the PMBs, many OVC have had chance to live in passion houses built through the local distribution of labor as well as material.

4.3. PLAN AFTER THE PROJECT CLOSE-OUT:

The PMBs of the project districts have confirmed that the HBC will be maintained after the project close-out. This will be mainly in the form of combination of HBC activities of SHGs with other projects/ programs being implemented in the project area with the direction / management of district PCs and support of related departments/ agencies. The role of the PMBs will be gradually transferred to other related units/ member sectors such as: WU, LISA, Education, Health, Youth Union ...

District PMBs' members as representatives from related departments have all committed to maintain the project outcomes after the project end through coordination and integration process. In addition, it is the enthusiastic and dedicated contribution from social volunteers. Ms Lien, a core member of Ho Chi Minh Young Pioneers and Youth Union in An Lao district (HP), always devoted to each step of OVC in An Lao, says *"For me – a teacher who is lucky to have chance to participate in such valuable activities: I will continue to contribute my energy to this work, especially in school-based communication events to educate students about life, love, and compassion for PLHIV. If I have the chance,*

I would also like to organize exchange programs between orphans and other community children, to allow them to become closer and closer to one another. I will continue to stand side by side with disadvantaged children. I hope to increase their love for life!”

– told by a teacher in Hai Phong city

One of the important transfer activities is that the project will transfer all of the credit to WUs of the project districts for their management under the monitoring of districts’ PCs to maintain C&S and livelihood development activities for families of PLHIV and OVC. The appendix of credit transfer shall be developed and signed between three parties: WVV, district PMBs and district WUs.



Motorbike washing model of Trung Son Xanh group, An Lao, HP

In addition, the project has been also looking for opportunities to link with relevant existing projects/ programs in the locality to make sure PLHIV and OVC will still have chance to participate and receive care and support. In HP, the “New Beginning for Children” project will continue Phase 3 in Thuy Nguyen. The project has made and transferred the list of all OVC in related communes of Thuy Nguyen district to the New Beginnings for Children project (Kien Bai and Luu Kiem). In HCM, Dist 8 is implementing the urban area development program (funded by WVV).

Therefore, all activities related to OVC will continue to be supported under the coordination of PC of Dist 8.

Apart from that, currently the health care center of every project district has been implementing the project activities in care, support and treatment for PLHIV and OVC. The result here is that the PMBs have created good conditions for the SHGs’ members themselves to be accepted to work for these projects/ organizations.

A list of services for referral has been developed by the project and will be transferred to all HBC givers of the project and SHGs’ members to maintain the cooperation and utilize the existing resources for referral as well as looking for supporting sources when needed (*Refer to appendix 1.5.2.1 Service providers in HP and 1.5.2.2 – Service providers in HCM*).

CHAPTER V: LESSONS LEARNED AND RECOMMENDATIONS

5.1. Lessons learned

5.2. Recommendations

5.2.1. General recommendations

5.2.2. Specific recommendations to each of the project districts

5.1. LESSONS LEARNED

The great support from multi-level authorities from the project launch throughout the project implementation has created favorable conditions for the effective coordination of the local resources.

The close cooperation of local partners and positive participation of the community in the project area on the one hand has utilized local potentials and strengths and on the other hand has produced a convenient environment for S&D reduction. Through this, the project has increased the beneficiaries' access to and use of services as well as enhanced the beneficiaries, their families and the community's participation in and contribution to the project implementation.

The internal energy of community-based groups has been strengthened through their active participation to and being given good conditions to participate in the project. For example, the increasing participation and contribution of relatives' groups has not only increased their capacity but also helped them to take care of their family members as PLHIV and OVC more effectively. Self-care and peer care have also been always encouraged. Moreover, the internal strength utilization through household economy development has had transformational contribution to the improvement of care quality for PLHIV, OVC and their families. These outcomes have made considerable contributions to treatment as well as comprehensive care and support for PLHIV and OVC.

The HBC model with the diversity in terms of components of the HBCT group under the coordination of district PMBs with the support and collaboration from core children's groups and networks of SHGs of PLHIV is a good model. The achieved outcomes have proved the appropriateness of this model. The project has succeeded in implementing the project activities, in supporting and interacting each other as well as cooperating and connecting with other projects/ programs in the project area and community related to care and support for PLHIV and OVC. Furthermore, this model also guarantees the project outcomes as presented in Chapter IV.

The thorough early preparation for the transition/ transfer years right from the implementation stage, the focus on building capacity of community-based groups as well as building up the self-reliance and strengthening the sustainability of SHGs of PLHIV is the importation direction in the transition process because this has enhanced the project sustainability. To achieve good results in the transition year, the cooperation and active involvement of the PMBs of the project districts as well as local related departments/ agencies, community-based groups and individuals in the community will be the decisive factors.

5.2. RECOMMENDATIONS

5.2.1. General recommendations

Networking between PLHIV and their relatives needs to be enhanced to develop their internal strength and capacity; HIV prevention, care and support need to be strengthened.

The ownership and contribution of PLHIV, OVC, relatives and the community need to be fortified. SHGs should try to obtain legal status because this will help to improve their capacity as well as raise fund and affirm their role. All of these will be the great contribution to the assurance of the project sustainability.

The integration and effective utilization of existing resources should be increased; the local technical supporting network and linkages between service providers and implementers should be always consolidated; the integration also includes the connection to provincial / city-level programs and multi-sector cooperation in the locality. In addition, strengthening NGOs network and the network of PLHIV, OVC and relatives should be also focused. PLHIV and OVC should be mobilized to have active participation in design, implementation, M&E. All of these will help to maximize the effective use of existing resources and develop the ability of PLHIV, OVC, their families and the community.

Existing and potential resources from the beneficiaries, community-based organizations and local partners should be mobilized more efficiently and effectively.

In HBC, PLHIV play very important roles throughout the process from early accessing clients, peer counseling, home-based care, referral and end-of-life care. However, in fact, the majority of PLHIV are jobless. Therefore, income generating activities for PLHIV, vocational training and employment support or economic development models are extremely essential to help PLHIV meet their daily basic needs. Furthermore, there should have policies to provide financial support for PLHIV when they participate in local HBC activities.

5.2.2. Specific recommendations to each of the project districts

For Do Son district

- a. SHGs residing in the district (Friends' Group, Sea Waves, Empathy...) need to be much more cared and supported by the district PC to maximize their strengths in care and support to PLHIV

Currently, the "Voluntary counseling and testing" project funded by Life- Gap and OPCs with HBC services for PLHIV and OVC funded by FHI are being implemented in Do Son under the direction of district PHCC. HBC givers and SHGs' members have been recruited to work for 02 projects. That the district PHCC has committed to provide technical health

care support for the Friends' Group to maintain its operation after the project close-out is a sustainable and effective development direction that needs to be strengthened.

The Friends' Group will continue with communication activities in the community to reduce S&D against PLWHIV and OVC under the support of the district Center of Population and Family Planning. The Center has activities and grassroots networks in charge of family planning communication, which will greatly support the Friends' Group and those networks will cooperate with the Group to integrate the communication effectively to reduce S&D against PLHIV and OVC. In addition, these communication activities also need to be implemented in cooperation with the activities being implemented in some residential quarters through FHI support. This cooperation will help to sustain the project outcomes.

- b. The Bamboo Shoot Club has operated very effectively in terms of spiritual support for OVC through child-to-child approach. The Club members come from all wards of the districts. This has formed the support network for OVC. This network is providing great support for HBCTs in every ward in terms of care and support for OVC. The Club needs to receive continuous support to maintain its sustainability under the support of the district Department of Education and Training. Also under the support for the district WU, the development of relatives' groups needs to be enhanced in order to support OVC. This is a suitable, effective and sustainable method to maintain the outcomes of care and support for OVC.

For Thuy Nguyen district

- a. The project activities need to be integrated effectively and consistently under the management and direction of the district HIV/AIDS control and prevention committee.

Through the direction planning of the district PC on maintaining the project outcomes, the related departments and agencies in the district need to have clear and specific responsibility assignment. The integration options need to be implemented right in this period (in the project transition period). To have the most effective integration, the related departments and agencies in the district need to focus on using core individuals grown up from the project (Members of HBCTs, SHGs, core children's groups and the project volunteers).
- b. The establishment and effective operation of SHGs in the district have proved that this is the real need of PLHIV. Only PLHIV can understand and care themselves best. These SHGs still need care from the district HIV/AIDS control and prevention committee as well as leaders of different levels through specific plans of direction, monitoring and support for SHGs to become stronger and stronger. The core members of SHGs need to continue to have opportunities to take part in activities related to HIV/AIDS in the district (communication, participation in OPCs, VCT centers,...).
- c. The national budget source to support families of PLHIV and OVC (according to the Decree 67/2007/ND-CP or additional Decree 13/ ND-CP) needs to be mobilized as

much as possible. This budget source of the district currently is very plentiful. The district PC needs to have specific directions and guidelines to commune/ town level PCs regarding the implementation of the Decree for PLHIV and OVC. There should be specific guidelines from the Policy Committee of communes/ towns to help PLHIV and OVC access the budget source in the most convenience.

- d. HBC activities for PLHIV and OVC need to have the involvement of the PCs of communes/ towns. To maximize the effectiveness of national budget sources and financial sources for social welfare, there should be the official involvement of the PCs of communes/ towns. To implement this effectively, the district PC and district HIV/ AIDS control and prevention committee need to have regular direction to PCs of communes/ towns for information and actions of related activities.

For An Lao district

- a. The representatives of sectors/ departments comprising the PMB continue to play roles as technical supporters: The district Department of Health and the Health Care Center provide support in terms of knowledge and information about HIV/AIDS, including counseling on referral and voluntary testing, tracking, physical health care and support for PLHIV and OVC. The district Department of Labour, Invalids and Social Affairs help with access to social policies and legal aid counseling for PLHIV and OVC. The district Women's Union gives advice on social policies and link families of PLHIV and OVC to loan/ credit programs..
- b. The development of Truong Son Xanh SHG needs to be strengthened continuously
 - This group needs to join the national PLHIV network, "Hope" network, Lawyers' Association, Vietnam Civil Society Partnership Platform on AIDS (VCSPA) and SHGs inside and outside HP to improve technical knowledge as well as experiences in managing and maintaining the activities of SHGs.
 - The core members of Truong Son Xanh group as also the HBC givers of An Lao district need to continue to enhance comprehensive care skills (physical, spiritual, economic development support) for PLHIV as members of the group.
 - The group needs to keep linkage with the school teacher in charge outdoors/ extra-curriculum activities in strengthening the OVC participation; and linkage with the district Health Care Center to continue to receive technical and referral support.
 - The Truong Son Xanh cooperative group needs to continue to manage and develop motorbike washing model and C&S model to help its members with economic development. In addition, the cooperative group needs to continue to mobilize support from different sources to raise fund for the HBC for PLHIV and OVC.
- c. The An Lao district WU has integrated the PLHIV S&D reduction into communication activities of grassroots level WUs. The core members of grassroots level WUs have been trained on art-based communication skills (using pictures, movies).

APPENDIX

- I. References
- II. Project products
 - I.1 IEC materials
 - I.2 Training materials
 - I.3 Movies, pictures
 - I.4 Articles
- III. Equipment and facilities
 - 3.1. Equipment and assets of the project
 - 3.2. Office equipment of WVV
- IV. WVV project staff list
- V. Members of district-level project partners

I. REFERENCES

- 1.4.1 MOU between WVV and district level partners in the project area
- 1.4.2 Members of district level partners
- 1.5.2.1 Service providers in HP
- 1.5.2.2 Service providers in HCM
- 2.1.1 Project document
- 2.1.2 Management system
- 2.2 WVV project staff
- 2.3.1 HBCT meeting minute
- 2.3.2 Weekly work plan
- 2.4.1 Financial regulations
- 2.4.2 Financial report –WVV
- 2.4.3 Financial report –WVUS
- 2.4.4 Financial report –Pact
- 2.4.5 Auditing report
- 2.5.1 Baseline survey report in HCM & HP
- 2.5.2 Support plan after need assessment – Do Son dist – HP June 2010
- 2.5.3 Case management tools applied for PLHIV and OVC
- 2.5.3.1 Indicator report to Pact in 2010
- 2.5.3.2 Pact data auditing report – August 2010
- 2.5.3.3 Pact data auditing report – June 2011
- 2.5.4 Activity monitoring form
- 2.5.5.1 Monthly reporting form for the WVV project staff in charge of one project district
- 2.5.5.2 Project Management report – May 2011
- 2.5.5.3 Annual project progress report
- 2.5.6.1 MSC stories
- 2.5.6.2 Project evaluation report by Pact February 2010
- 2.5.6.3 Plan after the Pact-conducted project evaluation.
- 3.1.1 HBCT responsibility regulations
- 3.1.2.1 Training material
- 3.1.2.2 Monitoring and supporting
- 3.1.3 Home-based care service packages for PLHIV and OVC
- 3.4.1 Operational regulation of Bamboo Shoot Club
- 3.5.1 The appendix of the contract between the project districts' Women's Unions and WVV
- 3.5.2 Loan application form
- 4.1.1 Project staff meeting minute – August 2010
- 4.1.2 City-level "Project sustainability maintenance" workshop minute
- 4.1.3 District-level "Project sustainability maintenance" workshop minute
- 4.1.4 Project transfer agreement
- 4.1.5 Truong Son Xanh cooperative group establishment decision

II. PROJECT PRODUCTS

2.1 IEC materials

A set of communication pictures

Communication movies

Communication short plays

Leaflets

A set of 03 picture books (reproduced from FHI copyrights)

Condoms

Wooden penis model

2.2 Training materials

2.2.1 For HBC givers

Case management

Counseling skills

Communication skills

ARV treatment

2.2.2. For PLHIV

Economic development training

Care skills

OIs prevention

Positive living

Reproductive health for PLHIV

2.2.3 Relatives

PLHIV caring skills for relatives

OVC caring skills

Parenting skills

2.2.4 OVC

Small projects developed by children

Child rights and child participation

2.2.5 SHGs

Team working skills

Effective group management skills

Start-your-business training

2.2.6 Teachers

HIV prevention and control law

2.2.7 Women

Art-based communication

2.2.8 **WVV project staff**

Nutrition for PLHIV
 OVC caring skills
 DME
 Finance management
 CB workshops
 Data quality management workshop
 New indicators updating workshops
 Project evaluation preparation workshop
 Project evaluation feedback workshop
 Success story -training/ workshop
 S&D reduction workshop
 Partners' workshop on OVC care and support
 Project ending workshop
 Training skills
 First aid
 MSC story writing methods
 Drugs and society; relation between HIV and illegal drugs.
 Grant management and procurement workshop
 Stakeholders' workshop on gender and HIV
 Experience and knowledge sharing workshop on community/ home based care
 TOT- Tuberculosis and HIV
 Drugs management and reporting

2.3 **Photos, video clips**

Pictures of home-based care for PLHIV and OVC
 Transformational changes in PLHIV
 Development of OVC
 Support for economic development and vocational training
 Community-based S&D communication
 The project sustainability maintenance and transfer

2.4 **Articles, newsletters, forms**

WVV's newsletter on PEPFAR project
 Project monthly newsletters
 "Toward sustainable effectiveness" article – Hai Phong newspaper
 Connect newsletter – WVV

III. **Facilities**

3.1 . **Equipment and assets of the project**

3.2. **World Vision office equipment**

IV. WWV PROJECT STAFF LIST

Full name	Position	Working time	Working place
Sera Bond	Project Manager	09/2005 – 01/2006	HP & HCM
Tran Viet Phu	Project Manager	01/2006 – 08/2010	HP & HCM
Vu Thi Du	Project Manager	08/2010 – 09/2011	HP & HCM
Nguyen Thi Anh Nguyet	Project Officer	01/2005 - 03/2007	HP
Le Thi Thuy Nga	Project Officer	01/2006 - 03/2007	HP
Tran Thi Uyen Tram	Project Officer	01/2007 – 09/2011	HCM
Tran To Nhu	Project Officer	05/2007 – 09/2009	HCM
Tran Minh Tan	Project Officer	10/2008 – 2009	HCM
Truong Thi Nguyet Trang	Project Officer	01/10/2008 – 12/2009	HCM
Tran The Hung	Project Officer	09/2007 - 09/2008	HP
Pham Thi Hue	Project Officer	12/2008 - 09/2011	HP
Do Thi Thuy	Finance Officer	09/2005 -12/2007	HP
Nguyen Thi Thanh Thuy	Finance Officer	12/2007 - 03/2008	HP
Pham Minh Huong	Finance Officer	03/2008 - 09/2011	HP & HCM
Doan Dac Toan	Project Assistant	05/2005 - 09/2011	Do Son -Thuy Nguyen, HP
Tran Van Phu	Project Assistant	09/2006 - 07/2008	Thuy Nguyen, HP
Ho Thi Quynh Tram	Project Assistant	09/2007 - 09/2011	Dist 4,7 - HCM
Tran Thai Hiep	Project Assistant	01/2010 - 03/2011	Dist 7- HCM
Le Huy Dinh	Project Assistant	07/2009 - 01/2011	Do Son – HP
Pham Thi Dao	Project Assistant	08/2008 - 09/2011	Dist 8 – HCM
Nguyen Tran Hong Phuong	Project Assistant	08/2009 - 09/2011	An Lao – HP
Nguyen Thi Mai Thanh	Local Collaborator	06/2005 - 04/2007	HCM
Chu Quoc Dung	Local Collaborator	07/2005 - 09/2009	HCM

V. MEMBERS OF THE DISTRICT-LEVEL PARTNERS

District 4

1. People's Committee
2. Preventive Medical Center
3. Community consultation and support department, ward 18, Dist 4
4. Department of Labor, Invalids and Social Affairs
5. Women's Union
6. People's Committee & health station of 11 wards: 2, 3, 4, 6, 8, 9, 13, 14, 15, 16, 18.

District 7

1. District People's Committee
2. Preventive Medical Center
3. Community consultation and support department
4. Department of Labor, Invalids and Social Affairs
5. Women's Union
6. Department of Health
7. People's Committee & health station of 10 wards: Phu My, Phu Thuan, Binh Thuan, Tan Thuan Dong, Tan Thuan Tay, Tan Kieng, Tan Quy, Tan Hung, Tan Phu, Tan Phong.

District 8

1. People's Committee
2. Preventive Medical Center
3. Community consultation and support department
4. Department of Labor, Invalids and Social Affairs
5. Women's Union
6. People's Committee & health station of 16 wards: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16.

Do Son District

1. People's Committee
2. Women's Union
3. Department of Education and Training
4. Center of Population and Family Planning
5. Department of Health
6. Department of Labor, Invalids and Social Affairs
7. PLHIV

Thuy Nguyen District

1. People's Committee
2. Department of Health
3. Women's Union
4. Department of Health
5. Department of Labor, Invalids and Social Affairs
6. Youth Union

An Lao District

1. People's Committee
2. Department of Health
3. Women's Union
4. Department of Health
5. Department of Labor, Invalids and Social Affairs
6. PLHIV



World Vision Vietnam 2011

4th Floor, HEAC Building
14-16 Ham Long Street
Hanoi, Vietnam

+84 4 3943 9920

www.worldvision.org.vn