

United Nations Volunteer Program (UNV)

**Promoting Greater Involvement of People Living With HIV
(GIPA) in Vietnam**

Final Evaluation Report

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Promoting Greater Involvement of People Living With HIV (GIPA) in Vietnam: Final Evaluation Report

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Abbreviations and Acronyms

AIDS	Acquired Immunodeficiency Syndrome
AusAID	Australian Agency for International Development
BMZ	Bundesministerium Für Wirtschaftliche Zusammenarbeit
CCM	Country Coordinating Mechanism (of GFATM)
CSW	Commercial Sex Worker
GFATM	Global Fund for AIDS, TB and Malaria
GIPA	Greater Involvement of People Living with HIV/AIDS
HCMC	Ho Chi Minh City
HIV	Human Immunodeficiency Virus
IDU	Intravenous Drug Use
NGO	Non-Government Organisation
OI	Opportunistic Infection
OPC	Outpatient Clinic
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
TB	Tuberculosis
UNAIDS	United Nations Joint Program on HIV/AIDS
UNV	United Nations Volunteer program
USAID	United States Agency for International Development
USD	United States Dollar
VNP+	Vietnam Network of Positive People
VWU	Vietnam Women's Union

EXECUTIVE SUMMARY

The Promoting Greater Involvement of People Living With HIV (GIPA) in Vietnam project was implemented from 2006 to 2011. The overall goal of the project was to *"increase the voluntary participation of people living with and affected by HIV in the planning and implementation of HIV activities, and other efforts to improve their lives, families and communities"*.

United Nations Volunteers (UNV) has cooperated with the Vietnam Women's Union (VWU) at the central level and in Ho Chi Minh City (HCMC), Hanoi, Haiphong and Quang Ninh to implement the project. The project has largely fulfilled its objectives, made a positive contribution to the provincial and national level responses to HIV/AIDS, engendered a strong commitment to volunteerism, raised awareness of GIPA principles and practices, contributed to reducing stigma and discrimination towards People Living With HIV (PLHIV) and enabled PLHIV in the four project locations to make a measurable contribution to improving holistic health outcomes for the entire community of PLHIV. As a pioneering model for the implementation of programs promoting GIPA and of cooperation between the VWU, UNV and PLHIV self-help groups and empathy clubs, the project has been largely successful. This model has proven effective at both building the capacity of people who are too often marginalised because of HIV and firmly defining the dimensions of what is possible in the further promotion of GIPA in Vietnam and globally. In assessing the ability of the project to deliver its four stated outputs, the evaluation team determined that the project has delivered these outputs in the four project sites.

Partnership with the VWU was an important factor in the project's level of achievement and while the partnership between UNV Vietnam and PLHIV national UN volunteers encountered some initial problems, at the time of the conclusion of the project, this partnership has resulted in a strong commitment to continue to implement a full range of GIPA-related activities in HCMC as well as created the conditions for sustainability of GIPA by the VWU and local self-help groups in the other three project locations.

The project encountered a number of challenges. Some of these stemmed from design flaws which remained uncorrected (e.g. the lack of monitoring tools to ensure that data for the specific numeric targets contained in the Results and Resources Framework was collected and reported) while others were contingent. These are detailed in the full report. It is notable that problems related to stigma towards PLHIV working within the project was not a major challenge and this in itself is an indicator of the success of the project.

The project has successfully promoted volunteerism and strengthened the nature of volunteer responses by PLHIV in the four project sites. While there was initial confusion about the definition of UN volunteer roles within the project, the increase in numbers of community volunteers and the broadening of the nature of work undertaken by community-based volunteers over the life of the project is an indicator of the successful adoption of voluntary responses to HIV in the four target provinces. These positive developments occurred in a broader context within Vietnam where voluntary work is, outside of volunteer work undertaken by mass-organisations such as the Youth Union, is not widely understood. For those infected and affected by HIV, who have been traditionally marginalized, to make these voluntary contributions

contributes to both the reduction of stigma towards PLHIV and a more inclusive understanding of volunteerism.

1. INTRODUCTION

1.1 Background and Context

The Millennium Development Goal #6 refers to halting and reversing the spread of HIV/AIDS by 2015, which is considered one of the priority areas for development assistance in order to help Vietnam to achieve this goal.

The 2004 Viet Nam National Strategy on HIV/AIDS highlighted the need to provide care and support to people living with HIV/AIDS and fight stigma and discrimination. The strategy also specifically mentions the need to involve people living with HIV (PLHIV) in HIV prevention activities. In order to actualise the greater involvement of PLHIV in Vietnam, UNV and UNAIDS developed the project plan based on two reports (*Moving Forward: Operationalising GIPA in Vietnam* and the *Feasibility Study Report: Greater Involvement of People Living with HIV/AIDS in Vietnam*). The project commenced in 2006 in partnership with the Vietnam Women's Union and a number of PLHIV self-help groups in four locations. The total budget for the project for the period 2006-2010 was USD655,164 and the committed budget at the time of the signing of the project agreement (October 2005) was USD567,989. USD200,000 was contributed from UNV resources, USD100,000 was contributed as a component of the President's Emergency Plan for AIDS Relief (PEPFAR) via the United States Agency for International Development (USAID), USD24,977 was contributed by the Australian Agency for International Development (AusAID) and Bundesministerium Für Wirtschaftliche Zusammenarbeit (BMZ) (German Federal Ministry for Economic Development Cooperation) contributed EURO100,000 per year to the project.

The project aimed to strengthen and coordinate existing government and non-government efforts for the creation of an enabling environment for active involvement of PLHIV in HIV/AIDS prevention and management. The project also aimed to strategically involve PLHIV on a voluntary basis in planning, advocacy and implementation of HIV/AIDS activities and other efforts to improve their lives, families and communities. Through using PLHIV perspectives and experiences, the project aimed to reduce stigma and discrimination, paving the way to recognition at all levels of PLHIV needs and rights.

The United Nations Volunteers (UNV) programme is the UN organization that contributes to peace and development through volunteerism worldwide. Volunteerism is a powerful means of engaging people in tackling development challenges, and it can transform the pace and nature of development. Volunteerism benefits both society at large and the individual volunteer by strengthening trust, solidarity and reciprocity among citizens, and by purposefully creating opportunities for participation. UNV contributes to peace and development by advocating for recognition of volunteers, working with partners to integrate volunteerism into development programming, and mobilizing an increasing number and diversity of volunteers, including experienced

UN Volunteers, throughout the world. UNV embraces volunteerism as universal and inclusive, and recognizes volunteerism in its diversity as well as the values that sustain it: free will, commitment, engagement and solidarity.

UNV has implemented GIPA projects in the Caribbean and Africa and has built comparative strengths in this area drawing on international experience. In the South East Asian region, a UNV GIPA project was implemented in Cambodia. The project in Viet Nam was designed to contribute to building a sub-regional network among GIPA initiatives in the region and promote the sharing of best practices and lessons learnt.

The coverage of the project extended to four provinces: Ho Chi Minh City, Hai Phong, Quang Ninh and Ha Noi. A fifth province, An Giang, was initially selected as a project site but the project did not proceed in this province owing to the reluctance of the local VWU office to enter into it. These four locations represent the largest concentrations of PLHIV and also have the greatest numbers of self-help groups for PLHIV.

The overall objective of the project was expressed thus:

The GIPA project aims to increase voluntary participation of people living with and affected by HIV in the planning and implementation of HIV activities and other efforts to improve their lives, families and communities.

Specifically, the project intended to deliver the following outputs:

1. Increased capacity and number of people living with and affected by HIV to meaningfully participate in HIV activities.
2. Increased access of PLHIV and their families to treatment and other services.
3. Reduced stigma and discrimination from the general public towards PLHIV.
4. Increased understanding of and support to the GIPA principles.

1.2 Purpose and Objectives of the Final Evaluation

The general objective of the final evaluation of the GIPA project was to closely examine each of the following areas as well as to consider other issues which may have arisen:

1. Overall project performance against its work plan and through which identify the project's best practices, lessons learned, successes and challenges.
2. Assessment of the relevance of project design to Vietnam context in regard to GIPA concept and its duplication to other regions of Vietnam in the future when the project has ended.
3. Identification of any gaps in project management, coordination mechanism as well as technical support to the project, and recommendation of workable solutions that can be applied in case of project's duplication in the future.
4. Identification of the results and contribution which volunteerism and volunteers brought to the project.

5. Assessment of relevance, effectiveness, effects and sustainability of the results and contribution that volunteerism and volunteers brought to the project including lessons learned.
6. Formulate recommendations on how to maximize the contribution of volunteerism in case of project replication in the future.
7. Assessment of whether and to what extent the project took the gender, human rights dimensions were taken into account, and if the project promoted gender sensitive and a rights-based approaches to formulation and implementation.
8. Evaluation of how the institutional relationships developed throughout project to support partnerships development, building capacity for targeted stakeholders, promoting participatory approaches and how they can be strengthened in the future.

1.3 Scope of the Evaluation

The evaluation team completed a desk review and stakeholder mapping tasks. Documents reviewed as part of this process included project design documents, the project feasibility study, the mid-term evaluation report, records of training activities conducted, internal UNV and VWU reports in English and Vietnamese, project budget documentation and project correspondence. Information and conclusions gleaned from these was applied to the design of the evaluation schedule to ensure that:

1. Representatives of the Vietnam Women's Union at central and provincial levels were included in the evaluation interview schedule. At the central and provincial levels, the VWU staff were also requested to assist in arranging meeting and field visit logistics for evaluation field work. Representatives of the VWU did not accompany the evaluation team.
2. PLHIV working as national UN Volunteers, project volunteers and as members of self-help groups and Empathy Clubs were included in the evaluation interview schedule.
3. Where possible, communities gaining potential benefit from the project were included in the evaluation interview schedule to assist the evaluation team in assessing the impact of the project in raising community awareness regarding GIPA principles and reducing stigma and discrimination towards PLHIV.
4. Local government agencies working in the field of HIV/AIDS prevention, advocacy, care and treatment who are not part of the VWU provincial or central project management teams were included in the evaluation interview schedule.

Further, it was clear that PLHIV represent the most significant group of stakeholders in the project and one of the perspectives on the effectiveness, sustainability and benefits of the project the evaluation will give emphasis to that of PLHIV.

1.4 Evaluation methodology

The initial phase of the evaluation was the completion of a desk review of available project documentation. This involved the review of project and donor reports and the planning and feasibility documentation of the project. Additional information was requested and obtained regarding training activities and other project review documentation. The main documents reviewed were: the GIPA project design document and sign off (January 2006), the project feasibility study final report, the mid-term evaluation report (October 2008), the July 2008 mission report, a project summary report produced by the VWU in Haiphong, training records maintained by the VWU at central level, the project budget and project meeting records (in Vietnamese) supplied by the VWU.

The second phase of the evaluation involved the conduct of interviews with key stakeholders, visits to project beneficiaries and community consultation meetings with self-help groups and empathy clubs in a selection of the four project locations (Quang Ninh, Haiphong, Hanoi and HCMC). Details of the key questions asked are contained in the inception report (see Appendix 3). Key stakeholders interviewed and met with included:

- The Vietnam Women's Union at central and provincial levels
- UNV Field Unit Vietnam
- Current and former national UN Volunteers in the four project locations
- Community volunteers in four project locations
- PLHIV self-help groups in the four project locations
- Empathy clubs in the four project locations
- PLHIV beneficiaries in the four project locations
- UNAIDS Vietnam
- Legal, social and medical service providers in the four project locations
- Decision- and policy-makers at the local level

Interviews with key respondents were conducted by the national and international consultant in Vietnamese and responses cross-referenced internally. Where verification of responses was required, responses from different key respondents were cross-referenced. Two visits to the homes of project beneficiaries were only conducted if the HIV status of the persons visited is known or visits could be conducted without drawing unwanted attention to the persons visited. One visit was conducted in HCMC and one in Hanoi. Interviews with beneficiaries and family members were conducted during these visits. Community consultation meetings with members of self-help groups, empathy clubs and VWU personnel and were organised by the VWU at provincial level in HCMC and Quang Ninh. The total time allowed for the evaluation was 27 days from February to March 2011.

2. Analysis and Major Findings

2.1. Overall Performance Assessment

The final evaluation of the project found that the project has:

- Established a generally effective model to enhance the participation of PLHIV in programs and activities relevant to improving access to care and treatment services
- Contributed to the reduction of stigma and discrimination from the general public towards people living with HIV
- Engendered the voluntary participation of PLHIV in the planning and implementation of HIV/AIDS-related activities in a generally sustainable manner
- Improved the capacity of individual PLHIV, self-help groups and empathy clubs to better manage their own affairs, work collaboratively with service providers for PLHIV at the provincial level, obtain technical and financial assistance to sustain their activities, act as trainers and counselors in support of the broader community and participate with some state and government institutions in addressing the needs of PLHIV in Vietnam
- Assisted the VWU at the central and provincial levels to become more actively and meaningfully engaged in the support and advocacy of issues relevant to PLHIV, promote awareness of these issues within the VWU and the broader community and address stigma and discrimination towards PLHIV
- In some locations, facilitated the creation of new PLHIV self-help groups
- In some locations, assisted to create and strengthen network of PLHIV groups and encouraged greater information-sharing between groups
- In two locations (Haiphong and HCMC), there is evidence of a high level of local political support for the promotion of GIPA principles and of strong degree of acceptance of the central role PLHIV are able to play in helping to prevent and mitigate the impacts of HIV and AIDS
- Overcome initial difficulties in the creation of a partnership between the VWU and PLHIV national UN Volunteers to develop mutual understanding and a mutually beneficial working partnership
- Managed a generally adequate level of financial support in an appropriate manner. A number of specific budget shortfalls were identified which could be addressed without adding additional cost
- In some locations, established a sound basis for the sustainability of the project while in others, the conditions for the maintenance of the core activities of the project have either not been established or cannot be established
- Seen a low turnover of PLHIV national UN Volunteers in the project, helping to provide the project with continuity while the higher level of turnover of VWU staff made it difficult to maintain the same within the main project partner.
- Not been able to provide sufficient systematic capacity building support in basic accounting, office administration and computer skills for PLHIV national UN volunteers and other volunteers. The development of these skills has been largely ad-hoc and often relied on the time and good will of

provincial WU personnel rather than on training inputs. This is primarily because the project did not provide formal training in basic accounting, office administration and computer skills for PLHIV national UN volunteers. PLHIV national UN volunteers and former national UN volunteers reported that they either developed these skills independent or prior to the project or that they were mentored by VWU staff and trained side-by-side by VWU staff.

- Provided small loan funds for income-generating activities for PLHIV for one year (2009-2010) that were of limited benefit and varied considerably by location in repayment rates and numbers of people able to access funds
- Suffered from a persistent lack of measurable performance indicators for all objectives in the project and the absence of the application of monitoring tools and ways of recording results against the numeric targets identified for those indicators with these. These problems have severely hampered the ability of the project to measure impact, particularly at the community level.
- Built the capacity of PLHIV self-help groups and individuals to promote GIPA principles, but the application of these principles is yet to be expanded into the broader community specifically in relation to employment, uptake of a broader range of services for PLHIV and the involvement of PLHIV in a wider range of leadership roles.

It is important to note that the achievements of the project as a whole are not uniform across all project sites and the evaluation team found some considerable variation in the levels of achievement of project objectives at each of the four sites. These are detailed later in this report.

The emphasis in the initial project design on the strengthening of the capacity of PLHIV and self-help groups was entirely appropriate. At the time of the commencement of the project, nascent PLHIV self-help groups were often operating without clear goals and objectives, a shortage of resources and the technical ability to meet the comprehensive needs of PLHIV. And while it is still the case that some PLHIV self-help groups suffer from these deficiencies, this evaluation concluded that those groups who participated in the project are now significantly better able to manage, direct and plan the work that they do.

A further indicator of the appropriateness of the project design in the initial phase is evidenced from an analysis of the sustainability and risks identified before the project commenced implementation. Some of the risks identified in the project design document included:

- The intensive training, living allowance and other benefits provided to national UN Volunteers had the potential to "cause rivalry among PLHIV groups" and to differentiate their UNV status from that of other volunteers
- The empowerment of PLHIV through the project was not an end in itself but was instead to be the means by which an enabling environment for PLHIV could be created
- While the project was engaged in building the capacity of PLHIV, it was not in a position to ensure that a wider public benefit would result from PLHIV national UN Volunteers and other PLHIV participants and beneficiaries being open about their HIV status and thus contributing to the reduction of stigma

The project has not been entirely successful in avoiding these risks. None of the interviewees reported that rivalry between groups had increased as a result of the fact that some groups received assistance or were, in fact, established under the GIPA project because it would have not have been in their interests to do so. However, the support provided to a relatively small cohort of PLHIV to be national UN Volunteers in these positions has, together with the considerable expansion of the number (but not necessarily the size) of individual PLHIV self-help groups created an 'aspirational model' for PLHIV with potential for negative consequences for the broader PLHIV community. This model makes self-help group leadership, national UN Volunteers engagement and other roles in the management of HIV prevention, care and treatment programs naturally an attractive and effective means for PLHIV to increase their level of engagement in many aspects of the response to HIV. It also has the unintended (and perhaps unavoidable) result of making these ways of making a livelihood (ways which are vastly different to the type of employment or business enterprise those which the majority of people are engaged in) appear to be the most desirable way to do so.

There is not enough consistent evidence to be able to conclude that the project has consistently helped to promote and affirm national-level participation of PLHIV in planning and decision-making. There have been, however, a number of significant developments regarding the greater participation of PLHIV in national and provincial-level planning and decision-making which coincided with the implementation of the project. These are:

- After a long period of under-representation, the affirmation and participation of the PLHIV community in the Country Coordinating Mechanism (CCM) of the Global Fund for AIDS, TB and Malaria (GFATM)
- The creation of a national network of PLHIV self-help groups (VPN+)
- The continued and committed focus of the VWU at the central and provincial levels on HIV/AIDS issues

With regards to the reduction of stigma amongst the wider community, the project has helped to promote better reporting and more active participation in the media related to HIV/AIDS. In HCMC, for instance, national UN Volunteers were involved in presenting and providing counseling on radio programs and the linguistic shift which has occurred in much media reporting where PLHIV are now referred to as "people with H" (ngươi có H) from the negative "people infected with HIV" (ngươi bị nhiễm HIV) shows that there the willingness to contribute to the reduction of stigma towards PLHIV exists within some sections of the media. Media reports related to GIPA principles and the implementation of project activities which the evaluation team read were universally sympathetic towards PLHIV and demonstrated a depth of understanding of the issues involved. It should be noted too, that the leading VWU publication *Bao Phu Nu* has regularly reported on the project and the commitment of the HCMC WU to sustain GIPA extends to ensuring that this broad circulation weekly magazine will continue to report on HIV/AIDS and do so in ways that highlight the contributions and achievements of PLHIV. This is part of their regular reporting of VWU activities. It represents an achievement as it an example of a popular magazine with large circulation numbers regularly reporting on HIV and AIDS related issues.

2.2 Attainment of the Objectives

The immediate objective of the project was to increase voluntary participation of people living with and affected by HIV/AIDS in the planning and implementation of HIV/AIDS activities and other efforts to improve their lives, families and communities.

This was designed to be fulfilled through the achievement of five key sub-objectives:

1. The capacity of people living with and affected by HIV/AIDS to meaningfully participate in HIV/AIDS activities has increased
2. PLHIV and their family have increased access to treatment and other services
3. Less stigma and discrimination from the general public towards PLHIV
4. Increased understanding and support of GIPA
5. Increased opportunities for the voluntary participation of PLHIV in HIV/AIDS activities

In the fulfillment of these objectives, the mid-term evaluation team and the final evaluation team identified a number of shortcomings with the stated project objectives. Firstly, the project objectives focus on increasing access, participation, opportunities and support for PLHIV without providing the means to quantifiably measure these and also on decreasing stigma and discrimination with the same need for measurement unaddressed. Secondly, the objectives can be seen as being overly ambitious as a result of the fact that they lack precision. Objective 4, for example, does indicate the target group of the intended increase in understanding and support for PLHIV while objectives 1 and 5 do not specify the nature of HIV/AIDS activities PLHIV can benefit from additional participation in. These shortcomings do not, however, prevent the reporting of high levels of attainment of against most of the objectives.

The final evaluation team observed that both national UN Volunteers PLHIV and other PLHIV volunteer members of self-help groups and empathy clubs have developed their abilities and their confidence to participate and in some cases, lead, activities relevant to the promotion of the rights of PLHIV, the provision of care and treatment for PLHIV and improving access for PLHIV to care and treatment services, their understanding of basic management, reporting and coordination of HIV/AIDS prevention, care and treatment programs and to communicate with the media, donors, government and local and international NGOs. In some cases, individual PLHIV national UN Volunteers reported feeling proud of the fact that they were referred to with the honorific title of "teacher" as a result of their leadership of training programs. A number also noted that the skills they had at the start of their involvement in the project had moved from rudimentary to advanced. In Hanoi, it was stated by former national UN Volunteers that empowerment of PLHIV has been one of the greatest achievements of the project and that PLHIV have "moved from being participants and beneficiaries to being implementers". Observation by the evaluation team of the very good technical working relationship between the outpatient clinics (OPCs) visited and PLHIV national UN Volunteers was further evidence of the extent to which these

volunteers and other non-UN Volunteers who have benefited from training (especially in the fields of home-based care, opportunistic infections (OIs), case management, ARVs, counseling and support) are now able to work effectively as part of a more holistic, local-level response to HIV. This was particularly evident in HCMC, Haiphong and Quang Ninh. Additionally, the awareness of GIPA principles amongst the PLHIV community has been raised by the project and the pursuit of these principles has, to quote one PLHIV national UN Volunteer, "let us use our voice to raise the problems of women and children living with HIV".

A baseline assessment of the extent of participation, the existing skills of UN Volunteers and non-National UN Volunteers PLHIV working within the project, the capacity of existing self-help groups and of the VWU at the commencement of the project would have greatly assisted the project to quantifiably measure the degree to which the relevant objectives of the project have been fulfilled. At the conclusion of the project, there is no hard data available to verify achievement of the numeric targets identified.

The project has been able to both increase uptake of treatment and other services and improved the quality of these services. The former has been achieved by raising awareness among self-help groups and empathy clubs of the type of services available, helping to reduce stigma through increased and more-widely known access and the latter through the support role volunteers trained by the project perform for OPCs and counseling services. Volunteers have also worked with legal advice services, methadone clinics, 05 and 06 centres, counseling services and in the conduct of a large number of prevention activities (usually in the form of training or presentations at commune level).

The evaluation team concluded that the project has made a difference to the level of stigma experienced by PLHIV in the communities visited and of the general level of stigma associated with HIV and AIDS. All respondents noted that stigma towards PLHIV had been reduced and this was attributed to a number of factors:

- Increased awareness among local communities of the burden of care and support for relatives placed on older people
- Increased awareness of the actual and potential impact of HIV among the general community as well as among infected and affected groups and individual IDU and CSWs and their clients
- The degree of reduction of self-stigma reported by many volunteers as a result of the project is significant. Many reported that they have been able to shed feelings of humiliation and low self-worth because (a) they have gained more acceptance from the wider community (b) they have gained skills and experience that assist themselves and others (c) feelings of isolation have been reduced through an increased awareness of the shared issues faced by PLHIV

These achievements need to be considered in relation to the persistence of stigma towards PLHIV stemming from a singular association with IDU which some respondents also noted.

2.3 Achievement of Project Results

A summary of project results:

- Training workshops conducted by the project have contributed to building multiple capacities and knowledge of PLHIV national UN Volunteers and other volunteers in areas including proposal writing, gender, OIs, sustaining volunteerism, improving access to care and treatment services, GIPA principles, prevention for PLHIV, business development, training and presentation skills
- The opportunity for PLHIV national UN Volunteers and other volunteers to participate in improving access to services and delivery of service in a voluntary capacity has also contributed to building individual and group capacities and established a replicable model for the involvement of PLHIV in service delivery that is motivated primarily by a shared humanitarian concern for the community of PLHIV
- In HCMC, the project has achieved a high level of integration with other service providers for PLHIV. Project volunteers and the project office in HCMC function as part of a very comprehensive package of care, treatment, testing and support services for PLHIV and has strengthened the relationship between the VWU, the PAC and GIPA project personnel
- The project engendered mutual understanding between the PLHIV communities in the four project sites and the VWU and this enabled an effective working relationship to develop, saw joint implementation of activities, shared responsibilities in project reporting and ultimately has established the conditions for the sustainability of the GIPA principles in project locations
- A small degree of financial assistance to PLHIV to establish small income-generating activities or enhance existing ones was provided by the project
- While there is no quantifiable measure of the level of achievement in stigma reduction, the anecdotal evidence gathered in the evaluation does indicate a reduction in stigma at the community level has been achieved. Of equal importance, the project has contributed greatly to the reduction of self-stigma amongst PLHIV associated with the project and promoted their rights and dignity
- The project has broadened the participation of PLHIV in decision-making related to issues that are of immediate relevance to their physical and emotional health and assisted PLHIV to be less as victims and more as individuals and groups capable of doing more to shape their own futures
- The project has promoted volunteerism amongst PLHIV groups and empathy clubs in ways that are sustainable and likely to result in a further expansion of volunteer networks. This further expansion is likely because a wider number of PLHIV have direct experience of giving and receiving volunteer assistance, so a concomitant growth in volunteerism will result

2.4 Institutional and Management Arrangement

The project management structure was adequate to the needs of the project. It placed the VWU at the central level in the main project coordination position with UNV acting as its chief implementing partner and the penultimate agency for the reporting

of project progress to donors and UNV HQ. The project established a Project Advisory Board that comprised UNV, UNAIDS, VWU and PLHIV representatives. However, the PLHIV representative was not able to act in this role until 2008 and any future project should ensure that this problem is avoided. The number of VWU project management staff at the central level was not always sufficient and there was often a large burden of work placed on the National Program Manager. At the provincial level, the numbers of staff were sufficient.

The level of resources available for the management of the project was generally adequate. However, any future project would need to provide increased funding for more extensive monitoring of the project, make a greater allowance for the size of project sites and ensure that funds are released in full and on time to all provincial levels partners as a number of respondents reported that this had not been the case.

2.5 Gender

In general terms, the greatest sustainable benefits of the project in the building of capacity of PLHIV individuals, self-help groups and empathy clubs have accrued to women. The membership of many groups is comprised predominantly of women, the majority of carers for PLHIV are women, the majority of national UN Volunteer and community volunteers are also women and the VWU has, both by virtue of its role as a major stakeholder and implementer and a beneficiary of the project, increased its knowledge and awareness of the experiences and vulnerabilities of women in the fields of conception, childbirth and child-rearing for PLHIV women, transmission and prevention of HIV, abilities of women to negotiate safe sexual practices with regular and non-regular sexual partners and issues related to care and treatment and access to care and treatment for women. The acquisition of this knowledge and awareness will, because of the willingness of the VWU to further integrate HIV prevention and awareness into a number of its core communication and education activities, benefit the wider community of women in the four project sites.

However, it should be noted that approximately 85% of all PLHIV in Vietnam are men¹ and while men have also played an active and important role in the implementation of the project (e.g. the majority of national UN Volunteers and community volunteers in HCMC were men), the project did not have any specific strategy or activities to address issues specific to PLHIV men. In terms of improving access to services, particularly outpatient care and home-based care, benefits have accrued equally to men and women as both are now better able to access these services. For older women acting as primary care-givers to PLHIV relatives, the support and degree of respite they receive through the provision of volunteer care and support is a further clear benefit of the project for women.

2.6 Human Rights

Over the period of implementation of this project, there has been a broader recognition of the rights of PLHIV to access both HIV-specific and non-HIV-specific medical care and treatment. The project has made an unquantifiable (but nonetheless

¹http://www.populationaction.org/Publications/Reports/Uncharted_Waters_The_Impact_of_U.S._Policy_in_Vietnam/HIV-AIDS_in_Vietnam

important) contribution to this improvement in the ability of PLHIV to know and exercise their human rights. The inherent denial of human equality that is one of the defining features of medically-related stigma remains, however, a serious problem and prevents PLHIV from enjoying their full human rights. This is particularly evident in the persistence of employment-related stigma. It is also evident in the cases of discrimination experienced by PLHIV-cases which theoretically should have legal recourse under the Vietnam Law on HIV/AIDS Prevention and Control (2006)-that often occur without stirring any response or support from the wider community or go unreported. The fundamental weakness in the application of this law, resulting from the absence of enforcement and of clearly defined penalties for breaches of this law, mean that the basic legal rights of PLHIV remain, at the very least, highly negotiable and, at worst, at continual threat. There is little that the project could do or was designed to do to address the higher-level issues but this does not take anything away from the positive impact of the project in helping to improve access of PLHIV to care and treatment services and the ability of the PLHIV national UN Volunteers, VWU staff and community volunteers to address specific problems relevant to access to education and legal services for PLHIV.

Implementation of the project has also coincided with a general improvement in the extent to which PLHIV in Vietnam have been able to participate in some decision-making processes (e.g. after many years of non-representation by PLHIV on the Country Coordinating Mechanism (CCM) of the Global Fund for AIDS, TB and Malaria (GFATM), PLHIV are now represented on this body). The project may have contributed to this effort by sensitizing government leaders and communities on the issue of GIPA. Some UN volunteers and project beneficiaries are involved in the national network of PLHIV (VNP+), but they are not directly involved in the CCM.

2.7 Volunteerism

As discussed in this report, the project was largely successful in engendering voluntary responses to HIV/AIDS by and for PLHIV. Effective volunteer leadership was provided by the PLHIV national UN Volunteers in the project: they demonstrated that it is possible to acquire skills and expertise, increase their involvement and links with local government and mass-organisations to help improve the provision of services to PLHIV whilst acting in a voluntary capacity. The effectiveness of this leadership is demonstrated by the mobilisation of increasing numbers of community volunteers and in the articulated wish and intention of many community-based volunteers to continue to provide voluntary home-based care and support to PLHIV in their local communities after the funded life of the project ends. This cohort of volunteers have enabled the numbers of PLHIV reached by the project to increase over time, expanded the ability of the project to provide counselling and home-based care support to PLHIV and given an excellent demonstration to the VWU and local government stakeholders of the positive impact that volunteer activity by and for PLHIV can have. The ability of the project to promote volunteerism also went beyond the degree of real commitment demonstrated by community-based volunteers. In establishing new (or supporting existing empathy clubs), the VWU enabled groups comprised largely of women caring for PLHIV to organize, share experience, help PLHIV under home-based care gain better access to care and treatment and gave them recognition as voluntary care and support groups.

The success of the project in promoting volunteerism occurred under difficult circumstances. Firstly, the lack of awareness of voluntary principles and actions outside of those conducted by mass-organisations created some skepticism among partners and at the community level regarding the true voluntary nature of the work being undertaken by community-based volunteers. There was not a conscious strategy to deal with this but over time, the level of skepticism declined as partners, beneficiaries and health workers became more aware that community volunteers did work for no remuneration and the benefits of their work were considerable. Secondly, the initial confusion and lack of agreement regarding the PLHIV national UN volunteers' roles as volunteers by the VWU meant that the VWU could not be expected to advocate for the UNV volunteer model. The resolution of this confusion and lack of agreement, with assistance from the UNV country office and UNAIDS, avoided this and the many of the senior VWU leadership who were interviewed in the course of this evaluation commented that they were prepared to promote the voluntary participation model which has results from the project.

3. Outcomes and Sustainability

3.1 Outcomes

The chief outcomes of the project are:

- Expanded participation by PLHIV in four locations in the management and implementation of HIV/AIDS-related care and treatment
- The profile of PLHIV at provincial and national levels has been raised and greater awareness of the capabilities and achievements of PLHIV created
- Volunteerism amongst the PLHIV community has been promoted and adopted in each location with varying levels of sustainability
- Stigma and discrimination towards PLHIV has been reduced
- New partnerships between the VWU and PLHIV forged that are of mutual benefit
- Improved access to physical and psychological health care and health outcomes for PLHIV in the four project locations

3.2 Sustainability

The chief indicators for the sustainability of GIPA at the four project sites and nationally are:

- The commitment of the VWU at provincial level to continue to implement GIPA-related activities beyond the funded life of the project.

This commitment is most in evidence in HCMC where the municipal VWU has made a clear and firm commitment to (a) maintain the functions of the GIPA project office after the funded life of the project (b) continue to provide financial and human resource support to the project from funds raised by the VWU at municipal level (c) continue to promote the integration of the services provided by the GIPA project office with those provided by local OPCs, VCT facilities and training and counselling

work already being undertaken by the HCMC Women's Union as part of the city-wide programs of the Provincial AIDS Committee. It should be stressed that this level of sustainability of the full range of services provided by the current project office is facilitated by the both the commitment of the HCMC Women's Union and the urban environment in which they work where it is relatively easier to obtain funding from external corporate sources as well as make autonomous decisions about resource allocation internally. These conditions do not prevail in all other project sites but this should not prevent the VWU at the provincial level in Haiphong, Quang Ninh, Hanoi and at the national level from learning from the experience and approach of the HCMC Women's Union in order to mobilise internal and external resources to support the further expansion and adoption of GIPA.

- The success the project has achieved in engendering volunteerism among the communities of PLHIV in the four project sites

A further indicator of the sustainability of the GIPA program, the application of GIPA principles and the extent to which UNV has been successful in engendering volunteerism is evident in the express commitment of all of the community volunteers interviewed in HCMC (numbering four people) to maintain their unpaid home-based care and support, counselling and referral work beyond the funded life of the project. It is notable that the same level of commitment was expressed by community volunteers in the three other project sites. However, two of the PLHIV national UN volunteers interviewed did not express a commitment to maintain voluntary involvement in the implementation of the care and support work currently being conducted.

HCMC presents a good example of the extent to which UNV and the project has been successful in promoting volunteerism. At the commencement of the project, there was 1 community volunteer working on the project. This quickly increased to 6 and then 12 people before reaching more than 50 by the conclusion of the project. 18 community volunteers are attached to the main VCT centre in HCMC which houses the GIPA project office.

- The raised level of awareness of GIPA principles among the broader community means that these principles have achieved sufficient traction to be adopted and pursued by future programs and project addressing the needs and aspirations of PLHIV

This project has been an important vehicle by which GIPA principles have been introduced to government, civil society and the broad community of PLHIV in Vietnam. This may seem a bold statement but it must be remembered that prior to the inception of this project in 2006, there was no other project or program in Vietnam which was specifically promoting GIPA principles. Other projects and programs were then, and subsequently later, working directly with PLHIV self-help groups and individuals in the planning and implementation of programs and projects for PLHIV but none was doing so to the same extent as this project to ensure that the involvement of PLHIV in such programs and projects would be sustained through the application of GIPA principles. As a result of the longevity of the project, the fact that it has worked with a number of "high-profile" PLHIV groups and individuals in the four locations, the increasing relevance of the VWU in the implementation of HIV/AIDS-

related program work and synergies created through the involvement of UNAIDS in the provision of technical support and UNV in the overarching management of project funds, personnel and implementation, GIPA principles are now more widely understood and adopted in some specific contexts (e.g. within the CCM of the GFATM program in Vietnam). The extent of their adoption has not been measured by this project or by any other form of external evaluation but the achievements of the project in raising awareness of the application of GIPA in a Vietnamese context have contributed to a greater understanding of them. At the point where the project concludes, there is an opportunity for other UN agencies and/or donors and INGO's to further advance GIPA principles by taking the learning's from this project and acknowledging the extent to which those principles have been popularized.

- The capacity of PLHIV self-help groups and, to a lesser extent, empathy clubs, to provide services to the community of PLHIV and the wider community (particularly in the field of prevention) has been built in a sustainable way

As one former PLHIV national UN volunteer pointed out, *“no one understands HIV like those affected by it”* and when those affected by it are stronger, better organized, better informed on medical, rights and access issues, more capable of extending their reach into the community and do so with the support of a mass-organization such as the VWU, then their ability to sustain this important work is enhanced. These capabilities are clearly in evidence in the PLHIV self-help groups the project has assisted. The key learning from this process of building and sustaining the capacity of self-help groups which any future GIPA program (and, more broadly, INGO's and donors currently or seeking to work with self-help groups) needs to be aware of this that there is much less of a need to provide training to groups in HCMC, Haiphong, Quang Ninh and Hanoi and more of a need to actively involve groups in the determination of what specific technical, managerial and programmatic areas they wish to address themselves. A former PLHIV national UN Volunteer respondent expressed this succinctly when he stated that *“we don't need any more training on transmission and prevention”* and the evaluation team concluded from the responses provided by PLHIV national UN Volunteers and self-help group members that there is an enthusiasm and need by those who have benefitted from the project to now focus on learning new and more advanced technical skills (e.g. program design) and areas of specific health concerns (e.g. diagnosis and treatment of TB).

3.3 Challenges

A persistent challenge for the project stemming from a critical design flaw was the absence of detailed and precise monitoring tools to capture the numeric targets identified in the Results and Resources Framework of the project document. This Framework records sources of verification for the collection of data without identifying the actual means to collect data, the parties responsible for the collection of data and the time intervals of measurement of project progress using this data. Additionally, the absence of a baseline study and the failure of the project to address this, even after it had been noted in the mid-term evaluation, has weakened the ability of a project that has made significant achievements to report those in ways which rely less on anecdotal evidence than is now the case. This problem is not unique to this project and the international evaluator has observed the same challenge present in other projects executed by the UN in Vietnam.

The misunderstandings between the VWU personnel and PLHIV national UN Volunteers at the start of the project regarding the role of national UN Volunteers as voluntary personnel receiving financial support had the potential to significantly undermine mutual trust between these two parties. Because the VWU was of the belief that they had no direct involvement in the recruitment, selection and management of the PLHIV national UN Volunteers and were not aware of the basic principles by which UNV defines the role of volunteers, these misunderstandings arose and absorbed a disproportionate amount of time and effort on the part of UNV, UNAIDS and VWU staff in efforts to resolve them. It is apparent now that more could have been done by all stakeholders at the commencement of the project to better define the PLHIV national UN Volunteer roles, explain the basic principles defining the participation of UN Volunteers in UN-sponsored programs and projects and ensure that all stakeholders understood their respective roles in the implementation of the project.

The microfinance component of the project was always intended to be small scale and assist PLHIV in each project location to generate income (but not to provide the means for their sole source of income). The effectiveness of this project component was limited by a number of factors. The loan amounts available were, relative to need and to the amount of capital required to fund personal income-generation activities, very small (not in excess of two million VND). Such a small amount could not be expected to either provide a sustainable income or contribute in any significant way to addressing the poverty which many PLHIV experience as a result of their stigma-driven exclusion from the mainstream workforce and economy. The interest charged and the repayment terms were reasonable but it was not clear in each location as to whether the loans funds were to be repaid and re-used as part of a revolving loan fund or whether they were to simply be repaid to the loan administrators (the VWU in each province). The evaluation team heard significantly different responses from current and past PLHIV NUNVs regarding the overall repayment rates of the loan funds provided. In Haiphong, the repayment rate was reported as 100%. In HCMC, it was estimated at 70% but a similar microfinance program administered by the HCMC PAC had an actual repayment rate of 10%. Thus, it was very difficult to assess the extent to which these funds (a) served as a revolving loan fund and (b) were repaid in sufficient volume to ensure the sustainability of any such fund. Additionally, this project component only operated for one year from 2009 to 2010, was not monitored with sufficient rigour and was administered in different ways in across the four project sites. This further limited the ability of this project component to make a sustained contribution to improving the livelihoods of PLHIV.

A further challenge was noted by a number of interviewees during the final evaluation related to the provision of project funds. There were delays caused in the release of project funds, particularly from the VWU at the central level to VWU at the provincial level. The longest delay reported was four months and this resulted in the suspension of most project activities in that location. It is apparent that these delays in the implementation of the project were caused by delays in completing or clarifying financial reports supplied by the VWU to UNV. Additionally, it was reported that the quarterly release of funds made it difficult to cost and plan activities in any respective quarter for subsequent quarters. The provision of funds on an annual or semi-annual basis was seen as preferable to this arrangement.

At the time of the inception of the project, Vietnam did not have a single body led by PLHIV at national level representing PLHIV. This is not surprising in a country where independent civil society organisations do not exist and the facilitating environment for the promotion of greater involvement of PLHIV was considerably weaker than it is now. The Vietnam National Network of People Living with HIV/AIDS (VNP+) was officially launched and legally registered in November 2009 and is performing several important roles in representing PLHIV and promoting issues ranging from greater participation of PLHIV in the functioning of the GFATM CCM to access to care and treatment services. It claims over 120 self-help groups as members. However, it is evident that there has not been any consistent or significant contributions made by this project to the functioning of the VNP+ network and PLHIV interview respondents reported that they had little to do with VNP+ activities or personnel. This shortcoming in the project can, to some extent, be justified by the fact that the project design did not seek to support nor create a national peak body to represent PLHIV in Vietnam. However, there is clearly considerable benefit to be gained from the learnings and experience of this project being applied to the objectives, goals and activities of VNP+ in order to strengthen the effectiveness of this important representative body.

4 Lessons Learned and Conclusions

4.1 Lessons Learned

As an innovation in the promotion of greater participation of PLHIV in the processes and procedures which impact directly on their access to, and provision of, care and treatment services, the chief lesson which can be drawn from this project is that such innovation was both timely and effective. The evaluation of the project consistently found that the ability of the broader community of PLHIV to access care, treatment and support services in the four project sites has improved since 2006. This improvement and the increased degree to which PLHIV are able to express their needs and have these needs more comprehensively addressed by government care and treatment facilities, demonstrate that the application of technical expertise by UNV and support from VWU assisted PLHIV self-help groups and individuals develop their ability to support PLHIV in the process of accessing such services. The GIPA project was not the sole contributor to the improved access to services which was observed in each of the four project sites. However, the generally positive responses from OPC staff indicating how the project helped to bring more people to clinics, expanded the ability of the OPC to provide better care and treatment through the activities of the community volunteer network in each site (and thus relieved some of the time pressure on OPC staff) and the fact that the number of PLHIV self-help group members working in the provision of home-based care and support has increased during the life of the project make it abundantly clear service improvement occurred. Moreover, the project raised the profile of GIPA. GIPA in Vietnam is now associated not with the programs or projects of any particular INGO nor does it remain in the realm of the theoretical. This project has placed PLHIV at the centre of the process of their greater involvement

The innovative nature of this project represented both an opportunity and a risk. The opportunity of the project to innovate approaches to GIPA was unique in 2006 when

the project commenced implementation. At that time, there was no other project or program explicitly promoting GIPA. The risk associated with the efforts of the project to innovate GIPA in a Vietnamese context using a model which relied heavily on volunteer input was that GIPA model was that the project was not partnered with any of the major implementers of HIV-related programming in Vietnam (e.g. the Vietnam Administration on AIDS Control) and that the capacity of the VWU to manage a project that was significantly different to most of the projects it had previously implemented was unknown. The lessons learned after the largely successful implementation of the project are that (a) the opportunity to innovate approaches to GIPA has been fulfilled and (b) the risk of implementing a volunteer-centred project with a largely untried partner that is not at the heart of the government response to HIV in Vietnam has paid off. The VWU has demonstrated itself to be a capable and willing partner and the attenuated increase in the efforts of PLHIV national UNV volunteers to build their capacity to provide services, the expansion of the network of community-based volunteers and the willingness of the VWU at provincial level to continue to support and integrate GIPA initiatives are all indicators of how taking this risk has been beneficial. It must be noted, however, that any further GIPA activity undertaken by UNV and UNAIDS or other UN agency partners must not simply repeat the focus and activities of this project but instead concentrate on issues relevant to PLHIV which represent a greater challenge, particularly in the areas of equality in education (especially for children infected and affected by HIV and AIDS), employment and access to reproductive health services for PLHIV.

The building of capacity for PLHIV self-help groups occurred through a number of channels. The formal training component of the project provided training in GIPA principles, home-based care, training of trainers (TOT) skills, gender, human rights, proposal development and management. There were unfortunate gaps in the training provided (most noticeably in computer skills, accounting, communications and administration) but to a limited extent, these were compensated for with mentoring assistance to PLHIV national UN volunteers from staff of the VWU. The greatest learning and capacity building that interviewees noted came through experiential learning. The “learning by doing” benefit from this project was considerable and its importance in building the confidence and skills of volunteers should not be underestimated. The key lesson learned from the building of capacity is the recognition that it is attributable to multiple inputs-both formal and informal-and any future GIPA project can benefit from considering this in its design, implementation, monitoring and evaluation.

4.2 Conclusions

The successes of this project stemmed in large part from the preparedness of the main project partners-UNV, VWU and the PLHIV self-help groups and individuals in each project site-to work together in support of a set of principles that enable and facilitate PLHIV to have a much greater say in what is done by them and in their name. Through training, mentoring and experiential learning, PLHIV national UN volunteers, community-based volunteers and members of self-help groups and empathy clubs acquired skills and knowledge that contributed to a reduction in stigma towards PLHIV (and, as the evaluation team heard a number of times, self-stigma), provided better and more comprehensive access to care and treatment services and

ultimately helped to promote the rights of PLHIV. The measuring of that success by the project was not adequate because upon the conclusion of the project, it is not possible to point to the results from regular monitoring of project activities as one means to inform UNV, donors and the broader community of success. GIPA principles are now, as a result of this project, better known and better understood in Vietnam through actions as well as through words and full credit is due to the UNV team, VWU and the PLHIV who worked on the project for contributing to this high level of recognition of GIPA within Vietnam's overall response to HIV. However, challenges remain for PLHIV in Vietnam which a more advanced project or program addressing GIPA can address and these challenges need to be identified and a robust response developed in order to ensure that the gains made by this project are not eroded and PLHIV can enjoy the rights that accorded to them under law and within the rubric of their human rights.

5 Recommendations

The following recommendations may be considered in the planning of any future GIPA project or as part of UN projects which seek to address issues related to addressing the needs of PLHIV. They represent conclusions drawn during this evaluation based on respondent information, the review of project documentation and the current facilitating environment for GIPA in Vietnam.

1. Develop monitoring plans and tools

The project objectives were designed to demonstrate increases in levels of participation of PLHIV, access to services, reduction in stigma and increase understanding. Both the mid-term evaluation and this evaluation identified that to be able to successfully measure achievement against these objectives, a number of key elements for the monitoring of the project needed to be in place. A series of baseline measurements, a set of clear indicators with numeric or percentage targets for all objectives, a series of tools be able to measure achievement and a monitoring plan understood and agreed to by all partners would be minimal requirements. These were not consistently present in the project design and this problem persisted through the life of the project. Further to this, there were no means to actually record the numeric data which was required for neither the indicators developed nor a clear articulation of where responsibility for collecting this information lay. In order to address this, any future project in this field should develop a more comprehensive monitoring plan and tools. Equal emphasis needs to also be placed on regular training (ideally, at six monthly intervals) of stakeholders on the application of monitoring and evaluation approaches and tools.

2. Expand the participation of PLHIV into new fields

Creating and strengthening self-help groups and greatly improving the capacity and skills of PLHIV in the provision of prevention, care and treatment services are clear achievements of the project. The project has achieved some success in two locations (Haiphong and HCMC) in advocating for the rights of PLHIV in obtaining and maintaining access to health, education and social services. Addressing issues related to employment rights of PLHIV (including rights to retain employment, non-

disclosure of HIV status, non-compulsory workplace testing and no pre-employment screening), access to reproductive health services for PLHIV, a focus on prevention for PLHIV and extending activities for the participation of PLHIV in decision-making, leadership and consultative roles at a national level are some areas that address a number of critical needs. There is a real sense that this project represents first phase of what is a two-phase process: the building of capacity and the promotion of GIPA has been achieved in phase one. In phase two, the enhancement of the participation of PLHIV in mainstream society needs to take place and the need for regularisation of the rights of PLHIV be addressed. This enhancement should also include further involvement of PLHIV in HIV prevention activities. One of the doctors interviewed in this evaluation noted that the direct experience of PLHIV and the capacity of those who had been trained by the project in communication skills made them the most logical group of people to spearhead prevention communication activities.

3. *Clarify national UNV roles*

A number of difficulties were experienced by VWU and PLHIV national UN Volunteers at the start of the project which impacted the speed activities were implemented, had the potential to create a working relationship lacking in understanding and trust and required extensive additional support from UNV and UNAIDS to resolve. VWU personnel were dissatisfied at the outset of the project with the level of volunteer allowances and benefits provided to national UN Volunteers. This dissatisfaction stemmed from a lack of clarity about how UNV defines volunteer roles and the basic principle of the need to sustain volunteers in the field in recognition of salary, career and benefit sacrifices that national UN Volunteer personnel make to fulfill their volunteer assignment. This problem can be resolved by all partners being made aware of the principles and practices which underpin UNV work worldwide.

4. *Expand the geographic and sectoral reach of the project*

The project design and budget allocations did not fully account for the size of some of the project locations, particularly Quang Ninh, the outskirts of HCMC and the recently expanded boundaries of Hanoi. In order to ensure that PLHIV living in areas that are not well-serviced and lack the types of supports available in larger cities and towns, any future project design should to take into account the need to make the geographic coverage of a project such as this more comprehensive. Any future project needs to also take into account the need to reach high-risk and at-risk groups in more remote areas of project sites. These groups are often easier to identify and reach in inner city areas, especially when they are already being reached by other projects and programs. Unfortunately, many projects do not recognise that high-risk and at-risk groups are defined as such by a number of factors, one of the most critical being that risk behaviour is often attributed to a lack of accurate or relevant information regarding actual risk and means of prevention of HIV.

5. *Microfinance and income generation activities, if present, need to better serve the needs of PLHIV*

The size of loans made available during the project was insufficient to sustain a living income for PLHIV who made use of this opportunity. Loan amounts of 2-3 million done were typical and these are insufficient as start-up capital. It is recommended that *if* these activities form part of a new phase of the project, the amount available and the management arrangements for these activities be changed.