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# Understanding The Relevance Of Drug User And Sex Worker Community-Based Organizations And Their Interactions With Government Officials And Health Care Providers In Vietnam: A Qualitative Study

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Understanding the Relevance of Drug User and Sex Worker Community-Based Organizations  
and Their Interactions with Government Officials and Health Care Providers in Vietnam:

A Qualitative Study

by

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A Thesis

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Chronic Diseases Epidemiology

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## **ABSTRACT**

**Background & Objective:** To address the HIV epidemic in Vietnam, groups of former drug users and sex workers established grassroots organizations throughout Vietnam in the early 2000s, called community-based organizations (CBOs). The objectives of this study are to understand the purpose of the CBOs, the government-CBO interactions, the perceived stigma toward drugs users and sex workers, and the attitudes of government officials about the purpose of the CBOs. Thereafter, we aspire to recommend changes to promote collaboration between the CBOs and the government programs. **Methods:** Thirty-two individuals from the drug user and sex worker CBOs and relevant government programs participated in face-to-face interviews in Hanoi, Ho Chi Minh City, and Hai Phong. **Results:** CBOs provided various forms of support and services to help improve the quality of their members' lives. Governmental field staff interacted with CBOs more frequently than did high-level officials by providing CBOs with technical and legal support. CBOs referred eligible injecting members to apply to methadone clinics for drug addiction treatment. Barriers to government-CBO collaboration were found in the methadone clinic operations, government actions, and CBOs' lack of legal status.

**Recommendations:** Patient enrollment into the methadone maintenance treatment programs need to be monitored by a third party to prevent corruption. To reach as many vulnerable people at risk of HIV infection as possible, government officials are encouraged to collaborate with the CBOs to effectively communicate methods of HIV prevention with the target population. Additionally, the CBOs are recommended to further help their members interact with society by inviting more community individuals to participate in their regular education workshop at the CBO offices.

**KEYWORDS:** community-based organizations, HIV, drug use, sex work, Vietnam

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## **BACKGROUND & RATIONALE**

### ***Current status of HIV in Vietnam***

The HIV epidemic in Vietnam has been spreading rapidly since the first reported case in 1990 [1]. As of 2011, a cumulative 250,000 Vietnamese people were living with HIV/AIDS [2]. The HIV incidence rates in 2010 and 2011 were approximately 14,000 cases per year. At this rate, Vietnam is projected to have over 263,317 people living with HIV by the year 2015 [3]. Although the number of people living with HIV/AIDS in Vietnam is relatively low in comparison to the total population of over 90 million, the number of people infected with HIV is high among injecting drug users (13.4%) and female sex workers (3%) [2].

The HIV prevalence among injecting drug users peaked in 2001 and 2002. Since then, however, the percentage of injecting drug users living with HIV/AIDS has declined [2]. According to the United States President's Emergency Plan for AIDS Relief, both the provinces of Dien Bien and Quang Ninh have the highest HIV prevalence among injecting drug users (56%), followed by Ho Chi Minh City (48%) and Hai Phong (48%) [4]. Thai Nguyen province, a major point of cultural and economic trade on the Red River Delta, reported, in 2012, the HIV prevalence among injecting drug users at 38.8%, nearly 25% higher than the national prevalence (13.4%) [5].

In 2011, the national HIV average prevalence among sex workers was 3%, ranging from 0% in six provinces to 22.5% in Hanoi. Among 2,986 sex workers from twelve provinces, 2.7% reported a history of injecting drugs. Of these sex workers, 30% reported living with HIV [6]. Nationally, street-based female sex workers had higher HIV prevalence than did venue-based sex workers and were more likely to engage in injecting drug use. Consequently, the HIV prevalence was higher among sex workers who inject drugs than those who did not. Moreover,

the HIV prevalence among sex workers who inject drugs was either equal to or higher than among men who inject drugs within the same provinces [2].

### ***Community-based organizations***

This concentrated HIV epidemic within the vulnerable groups of injecting drug users and female sex workers risks spreading to the general population as the sex workers engage in sexual activities with both male injecting drug users and men who do not inject drugs [7]. To address this problem, groups of former drug users and sex workers in the community established grassroots organizations throughout Vietnam after the year 2000, called community-based organizations (CBOs). Community-based organizations are defined as public or private organizations representing a community or a segment of a community, and engaging to meet human, educational, environmental, or public safety community needs [8]. CBOs of drug users and sex workers in Vietnam are primarily comprised of peer educators, commonly known as core members, who no longer engage in drug use or sex work. The peer educators work with drug users and sex workers from the community, as well as drug users and sex workers from the 06 and 05 centers, respectively. These centers, managed by the Ministry of Labor, War Invalids and Social Affairs, detain individuals who violate the Ordinance on Administrative Violations 4/2008/PL-UBTVQH12 by using drugs or selling sex [2]. One study described a typical CBO in Vietnam as a “self-support group” for people living with HIV/AIDS, which operates to provide social and psychological support to injecting drug users [9]. Funding for CBOs has originated solely from international philanthropic organizations. However, foreign donors plan to withdraw funding from Vietnam more noticeably starting in the year 2015 due to Vietnam’s newly attained economic status as a middle-income country [2].

Although CBOs had been operating in Vietnam for at least a decade, to our knowledge, there has not been any research on the working relationship between CBOs and government



programs. It is important to understand this interaction as CBOs will need financial support from the Vietnamese government as international funding begins to diminish. We believe it is important to understand the dynamics of the current relationship between the parties of interest, in order for us to make appropriate recommendations for changes, which could promote better collaborations between them. In turn, this improved collaboration will help ensure the sustainability of community-based organizations.

This study aims to address the four following objectives:

1. To assess the relevance (purpose) of the existing CBOs that serve the injecting drug user and female sex worker communities as well as their readiness to collaborate with government programs.
2. To understand the perception of responsible government officials and health care providers at various levels regarding their readiness (willingness) to collaborate with these CBOs.
3. To identify the barriers and facilitators within existing policies and practices, influencing the government-CBO collaborations and funding of the latter organizations.
4. To recommend changes that may promote collaboration between CBOs and government programs.

## **METHODS**

### *Study design*

This study used qualitative research methods to elicit first-hand information using a series of open-ended questions concerning the purpose of the CBOs, interactions between the CBOs

and the government programs, perceived stigma toward drugs users and sex workers, and the attitudes of government officers and health care providers about the purpose of the CBOs. All individual, face-to-face interviews were conducted in private rooms or isolated spaces at either the participants' or interviewers' workplaces. They were ensured about the confidentiality of information shared with the interviewer and the research team, encouraged to openly express their opinions, and assured their participation in the study would not involve any risk of potential adverse consequences concerning employment or receipt of services.

### ***Study Participants***

Eligible participants were at least 18 years of age and were working as drug use or sex work peer educators, government officials, or health care providers from either Hanoi, Ho Chi Minh City, or Hai Phong, which were the three cities included in the study. No minimum years of work experience were required. Qualified peer educators had to be serving in their respective CBO. Government officials and health care provider participants needed to have some direct or indirect work relationship with the CBOs. Health care providers must have worked at clinics specialized in methadone maintenance treatment, HIV, or sexually transmitted infections treatment. This study aimed to interview approximately eight participants from each group type (i.e. peer educators from drug user and sex worker CBOs, government officials, and health care providers).

### ***Procedures***

At the start of the study, the authors of this paper met to develop a semi-structured interview guide aimed to elicit responses regarding the first three objectives. Although we initially intended to interview peer educators from only the CBOs serving the drug user communities, we subsequently added peer educators of sex worker CBOs because the majority

of sex workers in the three cities of the study either used drugs themselves or had intimate partners who used drugs. Therefore, it was reasonable to include the peer educators of sex worker CBOs in the study since their members shared similar hardships as the members of the drug user CBOs.

Using the purposeful sampling method, participants were referred to the primary author by the staff at the Center for Supporting Community Development Initiatives, a Vietnamese non-governmental, non-profit organization. As a familiar name in the field of community development, the Center for Supporting Community Development Initiatives was able to assist in recruiting government officials and health care providers from all three cities. The primary author, additionally, recruited peer educators solely from the CBOs receiving sponsorship from the Center for Supporting Community Development Initiatives.

The primary author conducted the interviews in the three cities between June and August of 2013. Prior to each interview, each participant provided verbal or written consent, acknowledging that he or she understood the purpose of the study, its potential risks and benefits, the confidentiality of his or her participation, and the ability for him or her to stop the interview at any time. The peer educators consented verbally to ensure confidentiality of their status as people of vulnerable populations in society. The government officials and health care providers provided written consents to keep for their references.

Each semi-structured interview lasted on average 50 minutes. At the end of the interview, each participant received a gift value of 100,000 Vietnamese dong (approximately US\$5) as a token of appreciation for his or her time. The primary author conducted all interviews in Vietnamese and recorded them using a digital audio-recorder with the participants' permission.

Subsequently, two representatives from the Center for Supporting Community Development Initiatives transcribed verbatim the recorded interviews. Prior to transcribing, these two individuals signed a nondisclosure agreement to keep the content of the interviews confidential. The primary author proofread each transcript to assure accuracy and subsequently created summaries of all interview transcripts in English to generally familiarize all authors with the data.

De-identification was performed on the transcripts prior to sharing them with people outside of the research team.

### ***Data Collection***

At the beginning of each interview, the investigator asked each participant for their age, education level, and job status. The remaining questions were open-ended and focused on the purpose of the CBOs, their usefulness in society, the barriers they encountered, the stigma, and the changing perception of stigma towards drug users and sex workers in the past years. The in-depth interviews also explored the government officials' attitude towards CBOs and their willingness to work with these grassroots organizations.

### ***Data analysis strategy***

All interview transcripts were read and coded using the thematic analysis approach [10]. An initial coding schema was developed based on the first three objectives of the study and subsequently modified as part of the iterative data analytic process. Codes were added as new themes emerged, and existing codes were combined as warranted by evidence from the data. Through coding the interview transcripts, main themes were identified.

The primary author translated three transcripts into English. These were then coded independently by two members of the research team (LTL and LEG), two at the beginning and one midway through the study. This technique aimed to ensure the team identified and conceptualized themes in a consistent and similar manner. Inter-coder differences during the coding of the translated interviews were resolved through discussion until consensus was reached; definitions of codes were also modified as needed in order to clarify definitions and further improve inter-rater reliability. The authors met biweekly to discuss the data analysis and identify emergent themes. The primary author coded the remaining transcripts in the Vietnamese format. All transcripts were coded in ATLAS.ti, version 7.0.

The Interdisciplinary Review Boards of the Yale University, USA, and of the Institute for Social Development Studies, Vietnam, approved this study with the aforementioned objectives and methods.

## **RESULTS**

Five main themes emerged during the coding and data analysis process:

- (1) Stigma
- (2) Relevance of community-based organizations
- (3) Perception of the government officials concerning CBOs
- (4) History of collaboration between CBOs and government programs
- (5) Barriers and challenges preventing government-CBO collaborations

### *Description of sample*

Table 1 presents demographic characteristics of the study sample in Hanoi, Ho Chi Minh City, and Hai Phong. The study recruited government officials from the provincial Department of Social Evils Prevention, an entity of the Ministry of Labor, Invalids, and Social Affairs. By law, the Department of Social Evils Prevention assists the ministry with state management duties to prevent prostitution and drug addiction, as well as to integrate HIV/AIDS prevention efforts for drug users and sex workers throughout the Vietnam. We were unable to interview government officials or health care providers in Hai Phong within the time allotted for the study, which prevented us from understanding the interactions between the CBOs and government programs in this city.

With the exception of one primary care physician in Ho Chi Minh City, the remaining health care providers worked at government-sponsored methadone clinics. Hanoi was the only city where we recruited two drug user CBOs, one from the inner city and the other from the suburb. In all three cities, drug use peer educators were primarily male, while sex work peer educators were female. The gender distribution among the government officials and health care providers were nearly evenly divided. Only two peer educators among the drug user CBOs had some college education, while the majority had some secondary level schooling (grade 9-12). However, none of the sex work peer educators reported any schooling beyond secondary level. By contrast to the drug use and sex work peer educators, all government officials and health care providers reported at least some college-level education. The age distribution of the study sample ranged from 28 to 63 years, with a mean age of 33 years.

## *Stigma*

Two forms of stigma towards injecting drug users and female sex workers were identified: social stigma and self-stigma. Social stigma is the devaluation by members of the society towards a group of individuals who have characteristics which do not fit into existing societal norms [11]. Self-stigma in HIV is defined as negative perceptions that people living with HIV have about themselves, especially if they are ashamed about their HIV-positive status [12]. These two types of stigma can influence others' behavior toward injecting drug users and sex workers as well as the behaviors of these marginalized groups.

### *Social stigma*

Drug use and sex work, in Vietnam, are among the most stigmatized activities in society. In 1993, the government declared drug use and sex work as "social evils" in the Decree 87.

Participants of CBOs and government programs noted the belief by the general population that injecting drug users and sex workers were incapable of quitting these activities permanently and reforming their lives.

*"...the problem here is [the drug users] have returned [from the centers] for some time but [the police] still thinks they cannot quit so they make [the drug users] get tested [at the police station]." (Male, drug use peer educator)*

*"...people don't trust that drug addicts have the ability to quit...Or [think] that drug addicts definitely have illegal behavior. Maybe that was before, but after they've been to the centers, they have changed. However, the community has not completely trusted [them]." (Female, government official)*

*"...it seems like [the general community] doesn't trust in drug addicts that they can quit... [or in] sisters in sex work [that they] can quit and do good work." (Female, sex work peer educator)*

Women in sex work were viewed by the general society as lazy and unwilling to do laborious work, as well as seducers of other women's husbands.

*"...no matter what reason led [sex workers] to this work, the first thing people still say is those women are lazy... And for eternity [people in the general community] will never accept that... [they] bore daughters who do prostitution." (Female, health care provider)*

*"...people only assume that [sex workers] are lazy, only want to make quick money." (Female, sex work peer educator)*

*"...our Vietnamese [culture] is still feudalistic so [they] always think that prostitution is a bad occupation, seducing others' husbands and sons." (Female, sex work peer educator)*

### *Self-stigma*

Fear of discrimination from the general society and their families led injecting drug users and sex workers to socially isolate themselves.

*"... [sex workers] are afraid that everyone will know that they do sex work... they just stay in the venues... they don't dare go out." (Female, sex work peer educator)*

*Participant: "Mainly I think [drug users] discriminate themselves more. A lot of times they get invited to events but they leave right away."*

*Interviewer: "Why is it like that?"*

*Participant: "When they are addicted it's like a whirlpool going down. They think about drugs all the time, leaving work behind. Not socializing. They only know of money and drugs... So they are isolated from the world." (Male, government official)*

Self-stigmatization also posed a barrier to CBO peer educators' ability to confidently approach government officials.

*"... people still think that [no one] wants to hear druggies present." (Female, drug use peer educator)*



### *Recent changes in the perception of stigma*

Participants from all groups of the study observed stigma has reduced significantly in the past several years. Several participants attributed this change in social stigma to the broadcast of information about drug use and sex work via mass media.

*"Of course [stigma] still exists, but it's not like in the past. It's better by a lot... the talk shows, newspapers or radio shows, for example, the situation is much better." (Male, health care provider)*

### **Relevance of community-based organizations**

The theme of the CBOs' relevance emerged from discussions about their impact and influence on the lives of their members. The CBOs provided various forms of support and services to help improve the quality of their members' lives.

### *Functions of community-based organizations*

By joining the CBOs, members enjoyed multiple benefits, such as educational workshops, support for social interaction with society, referral to health care services, and general support.

Under the Law on Administrative Sanctions, passed by the National Assembly in June 2012, sex workers were no longer sent to the 05 centers if they were arrested for selling sex. Since this change was then still relatively new, the workshops by CBOs helped sex worker members learn about what to do when the police fined them and how to legally challenge wrongdoings toward them by the law enforcers.

*"...[we] broadcast more about laws for the [members] to know when the [police] arrest them. So, they know what rights they have... The workshops on laws [help] them understand when they get arrested, they can say they have rights so they*

*won't be subjected to violence like that again..." (Female, sex work peer educator)*

Additionally, CBO peer educators visited the 05 and 06 centers to discuss their services with detainees and to collect information on the needs and challenges that soon-to-be-released detainees may have during the first few months of re-integration into the general society.

*"For the [drug users] in the [06] centers, every month, [we] go up there to get a list of people soon to be released and we will receive them right at the beginning to invite them to join the CBO to share and support... for them to gradually re-integrate into society." (Female, drug use peer educator)*

For those members who needed health care services for health conditions related to their drug use or sex work activities, such as HIV or drug addiction, the peer educators referred them to appropriate health care services which were either low-cost or free of charge.

*"We have to connect with the clinics for voluntary testing for HIV and tuberculosis, so that our members don't have to pay fees because it's free." (Male, drug use peer educator)*

Community-based organizations also provided general support in creating a space for their members to find refuge, network with other members, and use the available amenities, such as washing machines, showers, and bedrooms for daytime naps.

*"We tell [the sex workers] that at the [CBO] office, there's a place to wash their hair... They can come to this CBO whenever they are tired from working all night." (Female, sex work peer educator)*

*"This is an office for the [sex workers] to come and rest, shower, wash their hair, do make-up for each other." (Female, sex work peer educator)*

*Peer educators are the best for the job*

Given that the peer educators were former drug users or sex workers, they considered themselves to be well suited for reaching out to current drug users and sex workers to promote safe practices in their activities, such as using condoms and clean syringes, or avoiding needle-sharing.

*"We propagate [information] for the [members] to know to never share needles. For the other [members] who don't share needles then they should use condom during intercourse. Then we give them leaflets with the information."  
(Transgender, drug use peer educator)*

The peer educators were regarded by their colleagues and government officials as "insiders" who were "in the same shoes" as their potential members; thus, they would understand better than anyone else the personal experiences of the injecting drug users and sex workers.

*"Because I used to use drugs, I can see the difficulties of the drug users and the social stigma towards drug users." (Male, drug use peer educator)*

*"... [the peer educators'] voice will have more value... than people who have never been an insider, which perhaps will be viewed as a theory." (Female, government official)*

*Coalitions: Collaboration between community-based organizations*

In Hanoi and Ho Chi Minh City, participating drug user and sex worker CBOs united to form coalitions. Each coalition operated under a board of directors and shared the same office space. In the inner city of Hanoi, the Going Home Coalition also collaborated with a CBO for intimate partners of injecting drug users; whereas, in Ho Chi Minh City, the Towards the Future Coalition collaborated with CBOs for men who have sex with men and for male sex workers. In contrast to the participating CBOs in Hanoi and Ho Chi Minh City, the drug user and sex worker

CBOs in Hai Phong currently do not operate as a coalition. Due to unspecified differences, they decided to operate independently of each other.

One of the reported benefits of a coalition was that peer educators could recommend their members from one CBO to another CBO within the same coalition in order to efficiently provide the support specific to the members' needs.

*"Here we have [members] who are 2 in 1 [or] 3 in 1, that is, they are at the same time drug users, people living with HIV, and sex workers... three things that need support... So when [we] established a coalition, we were able to easily refer them." (Male, drug use peer educator)*

*"...it's good that [CBOs in a coalition] can support each other. For example, the [members] in the sex worker CBO who don't use drugs will have lovers who do. Then there are some drug users who have lovers who are sex workers... The wife can participate with our sex worker CBO, while the husband can participate with our drug user CBO." (Female, sex work peer educator)*

### ***Responsible government officials' perceptions about community-based organizations***

Government officials were asked to discuss their perception of the CBOs' capabilities and challenges. Although they supported the work of the CBOs, they recognized that the CBOs had to deal with developmental challenges and stigmatization.

As previously noted, government officials also shared the same view as the CBOs that the peer educators were ideal for the highly specialized role as liaisons between the drug user and sex worker communities and the government programs (see *Peer educators are the best for the job* for details).

Government officials had mixed opinions about whether or not CBOs were well-developed organizations. To one government official from the provincial Department of Social Evils Prevention, the peer educators were experienced and their network was professional.

However, another government official from the same agency contradicted that the CBOs were underdeveloped because they were not of the government. This information was only collected from government officials in Hanoi; therefore, we do not know whether or not their counterparts in Ho Chi Minh City had the same perception.

Several peer educators and government officials asserted that many CBOs members did not feel safe enough to fully disclose their status as drug users or sex workers for they feared the potential stigmatization and discrimination from the general community if they revealed their drug use or sex work status (See *Self-stigma* for details).

*“Honestly, if the [sex workers] declare [their status], then they have to deal with many things. First, it’s family, friends, and then society... [Sex workers] can declare [their status] at conferences, but they won’t be able to do it on television, radio, or newspapers, because a lot of people will know.” (Female, sex worker peer educator)*

*“...they don’t want to disclose their [drug user and sex worker] status. They want security because if they disclose their status, then they definitely can’t manage the stigma. And that stigma will hurt them.” (Female, government official)*

### ***History of collaborations between CBOs and government programs***

Before we can recommend future collaborations between CBOs and government programs, we sought to gain a better understanding of the relative successes in their past collaborations.

#### ***Facilitators***

Field staff of the provincial Department of Social Evils Prevention interacted more often with the CBOs than did the local deputy directors, participating in this study. These field staff facilitated communications between the CBOs and the provincial Department of Social Evils Prevention, as well as provided general support to the CBOs.

*"From the time CBOs started, [the field staff] have always supported the group. Whenever we go to the [detention] centers, we see [the field staff] there. And [the field staff facilitates] all the communications with [the Department of Social Evils Prevention]." (Female, drug use peer educator)*

*"I monitor their activities and remind them of the internal policies at the [detention] centers... Regarding the specifics of my work, the [peer educators] can ask me if they need consultation. Regarding laws, I can come teach them about it." (Male, government official)*

CBOs and methadone clinics mutually benefit from collaborating with each other. The methadone clinics were able to enroll eligible applicants from the CBOs' referrals, while the CBOs could ensure that their members apply for the treatment program at a proper time to minimize the risk of being arrested by the local police and sent to the 06 centers.

*"...the CBOs are also sources to provide patients for us... The referred patients have been good." (Female, health care provider)*

*"...if [the members] haven't gotten notification about methadone [quota] so they can go to the police department [to get a seal of approval on their application], then it will surely be very hard [for them to complete the application]. But with the CBO's counsel, [the members] will be more confident." (Male, drug use peer educator)*

### *Support from the government*

The provincial Department of Social Evils Prevention provided vocational training programs for eligible sex workers. Government officials occasionally contacted the CBOs to request referrals for eligible sex worker members to participate in the training program. These programs provided sex workers, ages 18 to 25 years, vocational training in hairdressing, barbering, manicuring, and applying make-up.

*"...[we support sex workers] from 18 to 25 [years old] to vocational schools. The vocational education is 100% subsidized." (Female, government official)*

*“...provincial Department of Social Evils Prevention supports sex workers with vocational training in barber, wash hair, make-up, [and] cooking.” (Female, sex work peer educator)*

Some drug users, after being released from the O6 centers, were required to join the B93 Clubs to be monitored for two additional years. The B93 Clubs, a government subsidized program, hosted a meeting per month to bring together the newly released injecting drug users and to get updates from them regarding their abstinence from drug use. Along with helping the B93 Clubs invite drug users to the monthly meetings, local CBOs also attended these meetings to meet drug users whom they had not encountered at the hotspots.

*“[The B93 Club is for] people coming home from the [drug detention] centers. They meet once a month...to first support the [club members] through the approach of community helping each other. Then, there’s some entertainment...” (Male, government official)*

*“...the [B93 Club] has records of [the drug users] living in the province. So we work with them to know who, from the province, have recently returned home.” (Female, drug use peer educator)*

### ***Barriers and challenges preventing government-CBO collaborations***

Identifying barriers and challenges of past and present collaborations between CBOs and government programs is an important step to understanding how their working relationships may be improved for future collaborations. These hindrances emerged in three areas: (1) methadone maintenance treatment program operations, (2) governmental actions, and (3) legal status.

#### ***Barriers and challenges in the operations of the methadone maintenance treatment program***

Barriers and challenges preventing collaborations between the CBOs and the local methadone clinics include the need for monetary bribes to gain entrance into some clinics,

conflicting understanding of the requirement for enrollment into the methadone programs, and complicated application procedures.

Many peer educators noted that some of their members were bribed into paying health care personnel to be admitted into certain methadone clinics. This led CBO peer educators to avoid interacting with clinics known for corrupt practices.

*“...injecting drug users want to get into the methadone program but they have to pay tens of millions of [Vietnamese] dong to get in.” (Female, drug use peer educator)*

*“...[applicants] have pay money to get in the queue [for enrollment into the methadone program]. When [the applicants] lose that money, they will immediate think that we have some association in the money issue... [My group] doesn't have anything to do with that Methadone.” (Male, drug use peer educator)*

Although peer educators helped the methadone clinics fulfill their patient quotas through referrals for eligible injecting drug users, several peer educators were concerned the program favored long-term injecting applicants who had been to the 06 center at least once, leaving out long-term injecting drug users who have not been to the rehabilitation center. However, this was contradicted by a health care provider participant, who claimed as long as the applicants met all the required qualifications, they would be admitted into the treatment program.

*“Their first priority selection for methadone is long-term injecting drug users who have rehabilitated at the [06] center.” (Female, drug use peer educator)*

*Interviewer: “So do they need to go to the 06 center first before getting into the methadone [program]?”*

*Participant: “No. No. There's no such thing... The Department of Labor, War Invalids, and Social Affairs will confirm in their records of dangerous people, for example... If their name is not on the records, then they can get into the methadone [program]. It's not that to get in here, [applicants] have to go to 06 centers.” (Female, health care provider)*



Additionally, the application required that injecting drug users must disclose their injecting status if they wished to receive methadone treatment for their drug addiction. However, participants indicated, by doing so, potential applicants for the treatment program risked being sent to the O6 centers.

*“...if the [drug addicts] declare their status [as drug users] to the local government, then they are viewed as legitimate people to be allowed to participate in the support programs.” (Female, government official)*

*“...we have to fight for those [drug users] who have all the qualifications to get [methadone] treatment so they won't get sent away [to the detention centers].” (Male, drug use peer educator)*

#### *Barriers and challenges in the governmental actions*

The CBO peer educators elaborated on several barriers and challenges caused by governmental actions, which may inhibit collaboration between CBOs and local authorities. A recent case of police brutality in Hanoi provoked much distrust among the peer educators towards the local law enforcers. Six sex workers reported to the CBO in Hanoi that they were arrested and beaten at the police station; then, the police confiscated their mobile phones and used them to call the family members of the sex workers to inform the families that their daughters were selling sex. After the brutality and humiliating phone calls, the sex workers were forced to sign a form, to testify that there was no abuse incurred during their arrest. If the sex workers refused to sign this form, then they were detained for a longer period of time at the police station.

Due to the gap in professional culture and communication style between the government officials and people of vulnerable communities, it was a challenge for government officials to have the same level of outreach as the CBOs. The lack of direct experience with these

communities caused the high-level government officials to be seen as out-of-touch with the CBOs at the community level.

*“...I can interact with the [vulnerable individuals] but it’s not simple... I still have to go through the CBOs... When I have these [peer educators] represent me, then I can interact with the [vulnerable individuals].” (Female, government official)*

*“...these [officials] sitting up high do not know about the CBO...and not know about the activities by the CBO.” (Female, sex work peer educator)*

*“...those [officials] at higher ranking may only be sitting behind their desks, or they’ve perhaps heard [about the CBOs] through reports. They rarely interact with these [peer educators]. I am 100% confident that they have a different outlook.” (Female, government official)*

#### *Barriers and challenges due to the lack of legal status for the community-based organizations*

According to participants from all groups of the study, legal status is the acknowledgement by the government to legitimately recognize Vietnamese organizations. With legal status, the CBOs would be able to officially collaborate with government programs and represent themselves in receiving sponsorship from donors, instead of relying on non-governmental organizations to apply for and accept funding for them. Furthermore, the peer educators believed that legal status would foster social acceptance, which will allow them to work towards further reducing stigma against drug users and sex workers.

*“[Legal status] is required in administrative work... They [need to] have a stamp to confirm their positions, [to be] recognized by the government. So when these CBOs want to work with other organizations, they have to show their position in society. Who are [the CBOs]? Where are they from? Who provided the paperwork for their activities?... It's to show that [they are] grounded.” (Male, government official)*

*“If our role is recognized, then the stigmatization in the community towards [sex work] would reduce.” (Female, sex work peer educator)*

During the time of the study, there were no existing policies defining the qualifications for which the CBOs needed to have in order to operate lawfully. Therefore, the CBOs faced a challenge with the government officials who wanted them to publicly declare their role in society before they could qualify for legal status. On the other hand, the peer educators claimed not to know exactly how to define a social role for their CBOs.

*“...to want the community to recognize the CBOs... the members must courageously publicize [their status] ... From there, people will know of them. If they don't publicize their status, then clearly they are doing something illegal.”*  
(Female, government official)

*“I think that we do need [legal status], but the problem [is] there are no places for us to [apply] for it. We only know that this CBO is established with the peer educators reaching out to the [sex workers].”* (Female, sex work peer educator)

## **DISCUSSION AND RECOMMENDATIONS**

The interview responses provided us with diverse perspectives and enabled us to gain a detailed and rich insight into what was happening at the community level in response to the HIV/AIDS epidemic in Vietnam.

### ***The barrier of stigma***

The study found reduced stigmatization and discrimination toward injecting drug users and sex workers in the present day, compared to several years ago. The reduction of stigma towards drug users and sex work has been attributed to the broadcasting efforts, via public events during special holidays and mass media, by non-governmental organizations and CBOs. However, there remains much social stigma to overcome. Therefore, it is recommended for the non-governmental organizations and CBOs to encourage current and former drug users and sex workers to participate in the campaigns to educate the community, regarding the nature and challenges of drug use and sex work, and the harmful effects of stigma on everyone in society.

The increased social interactions, in turn, will potentially diminish the self-stigmatization the drug users and sex workers have internalized. To our knowledge, the educational workshops at the CBO offices occasionally host government officers or other community leaders. However, it is recommended that the CBOs take further steps to increase social interactions between their members and the local communities. For example, this may be accomplished by inviting interested individuals from various organizations to participate in workshops or social events, which include the community members. This interaction will not only introduce a greater number of key people to the faces behind the institutionalized “social evils,” but, also, drug users and sex workers will have multiple opportunities to interact with people from the community.

***Community-based organizations can provide what government programs lack***

The findings suggest that the CBOs of drug users and sex workers had access to the marginalized populations in Vietnam in a way that was unavailable to those government officials and health care providers whose work responsibilities pertained to the affected groups. The injecting drug user and sex worker members felt more comfortable in receiving support and services from the CBOs than from the governmental service facilities. Therefore, the CBOs have the capability to compliment the work of the government officials and health care providers, serving as a bridge between the members and government programs. The CBO peer educators are a known and trusted source of information for drugs users and sex workers and, as such, can effectively encourage service utilization among the members.

Since the HIV infections have continued to spread into the general population from marginalized groups, the government is advised to boost their effort to interact with people at risk of infection. In order to reach out to as many vulnerable people at risk of HIV infection as possible, government officials are encouraged to increase collaborations with grassroots organizations, like the CBOs, as liaisons to effectively communicate with the target population,

particularly at health care centers. One strategy to promote collaborations between the CBOs and government programs is for health care centers to provide CBO peer educators with a station within the health care facility, where the peer educators can answer questions and guide the drug user and sex worker patients through the health care process. The increased outreach to the drug users and sex workers potentially augments the utilization of health care services by people living with HIV/AIDS, and thus, slows down the rate of HIV transmission into the general population, while reducing the incidence and prevalence of HIV/AIDS within the high-risk communities. However, the challenge to the CBOs' increased collaboration with government programs is the CBOs may incur a loss of trust by their drug user or sex worker members. Since the CBOs will be communicating more often with the government officials, the CBO members may distrust the CBOs and be afraid they will report the names of the members to local law enforcers. Therefore, the CBOs need to help their members understand the nature of the government-CBO collaboration and clear any suspicion the members may have about the CBOs colluding with the government.

### ***Call for an improved methadone maintenance treatment program***

Based on the study findings, a portion of eligible injecting applicants for the methadone maintenance treatment program do not have access to the treatment due to the pressure of having to bribe health care personnel in order to be enrolled. Hence, there needs to be a reliable monitoring system which will hold health care providers and officials accountable for all operations of the drug addiction services. Our findings corroborate those of the study by Transparency International and Towards Transparency in 2011, which concluded a lack of transparency, weakness in management, and lack of investment in the public health services management may afford opportunities for corruption [13].

We identified accepting bribery among health care personnel at the methadone clinics as one salient example where more transparent management and control systems are needed. To begin the process of holding health care providers at methadone clinics accountable for acts of corruption, there needs to be an official policy for all methadone clinics that corruption, such as accepting bribes, will not be tolerated, in adherence with the Anti-Corruption Law 2005 [14]. We recommend that a third party supervise the quality and performance of the methadone clinics. The independent party could then implement anti-corruption regulations and actions, with ongoing monitoring and review, to ensure all health care services are provided to the methadone patients without exploitation.

Additionally, peer educators, who are assisting their members in applying for the methadone maintenance treatment program, can report instances of bribery to the leaders of their CBOs. The CBO leaders may, then, set up a record-keeping system of reported cases of corruption to formally present as evidence to the managing third party responsible for anti-corruption investigations and correction.

To our knowledge, there has not been any research or report on corruption in the methadone maintenance treatment program in Vietnam. Perhaps, it is because this issue is still relatively new since the treatment program was first piloted in 2008. There is a need for future research in the Vietnamese methadone clinics to characterize the types of corruption and assess the frequency and conditions under which it occurs.

### ***The importance of legal status***

In order for the CBOs to remain a viable resource within Vietnam, they will need continued funding. This means they will need to obtain legal status so they can represent themselves when submitting proposals and accepting grants from donors. At the moment, the

CBOs rely upon non-governmental organizations to serve as liaisons in working with the Vietnamese government and international sponsors. However, with legal status, the CBOs will be able to eliminate one bureaucratic step in getting the resources they need to serve their members. Not only will the ability to represent themselves help the CBOs quickly deliver new services to their members, but it will also provide the opportunity for CBOs to speak directly with officials and civil society groups in order to solicit support and accept sponsorship for their operations.

Community-based organizations in Vietnam vary in size, skillset, and capability to operate independently of the representative non-government organizations. However, there is no clear consensus among the peer educators and government officials about the requirements that the CBOs need in order to qualify for legal status. This lack of a clear policy regarding application for legal status threatens the ability for the CBOs to prepare adequately for the withdrawal of international donors after the year 2015, as well as CBOs' ability to solicit sponsorship within Vietnam. Therefore, a clear and consistent set of standards for obtaining legal status for all CBOs should be established. One approach to establishing set standards is for the CBOs and their representative non-government organizations to provide responsible government agencies with an annual report, which documents their achievements and capabilities. Over time, the accumulation of data on the CBOs' operations and management will potentially be sufficient evidence for government agencies to establish standards by which the CBOs can become legally registered.

## **CONCLUSIONS**

Given the anticipated decrease in foreign funding in Vietnam, the CBOs need to pave ways to secure their sustainability, both economically and politically. As membership increases, the continued existence of the CBOs is essential to improving the quality of life for drug users

and sex workers in Vietnam. Considering the impact the CBOs have made in the community in reaching out to and educating drug users and sex workers about safe practices in drug use and sex work, the public health status of the country may deteriorate if the CBOs were to close down.

We hope these findings will be useful in advocating for social change to further improve the quality of life of the injecting drug users and sex workers in Vietnam. Although considerable drug use and sex work reformation has already been accomplished, in our opinion, the Vietnamese society has the potential to further improve if there is a collective will, by the country, to do so. This report may benefit future conversations at the academic and political levels regarding approaches to address the health issues of drug users and sex workers in Vietnam.

### ***Limitations of the study***

Since we did not interview many health care providers from the methadone maintenance program, we were unable to reach saturation from the perspectives of the health care providers, regarding the dynamics between the CBOs and the local methadone clinics. Additionally, as a result of the sampling strategy, the study might not have captured other perspectives, such as those held by CBO members, government officials, and health care providers with whom the Center for Supporting Community Development Initiatives does not have working relationship. Nonetheless, the findings were based upon recounts by those with real-life experiences of the topic of interest, and thus, should be taken into consideration when suggesting improvements in the interaction between CBOs and local government programs.



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## APPENDIX

Table 1: Demographic characteristics of the total sample (N=32) in qualitative study of community-based organization operations and interactions with governmental and health care agencies, located in Hanoi, Ho Chi Minh City, and Hai Phong, June - August 2013.

<b>Total Sample</b>				
Characteristics	Drug Use Peer Educators (n=14)	Sex Work Peer Educators (n=10)	Government Officials (n=5)	Health Care Providers (n=3)
<b>Sex</b>				
Female	5	10	3	2
Male	8	0	2	1
Transgender	1	0	0	0
<b>Education Level</b>				
Primary school	1	2	0	0
Low er secondary school (7-8)	1	5	0	0
Secondary school (9-12)	10	3	0	0
Some college	2	0	5	3
Mean Age	36.4	36.7	32.3	26.3
Mean Years at Current Job*	3.2	3.2	5.0	5.3
<b>Hanoi</b>				
Characteristics	Drug Use Peer Educators (n=7)	Sex Work Peer Educators (n=4)	Government Officials (n=4)	Health Care Providers (n=1)
<b>Sex</b>				
Female	5	4	2	1
Male	2	0	2	0
Transgender	0	0	0	0
<b>Education Level</b>				
Primary school	1	2	0	0
Low er secondary school (7-8)	1	1	0	0
Secondary school (9-12)	3	1	0	0
Some college	2	0	4	1
Mean Age	37	36.5	46	33
Mean Years at Current Job*	3.5	3.6	14	7
<b>Ho Chi Minh City</b>				
Characteristics	Drug Use Peer Educators (n=4)	Sex Work Peer Educators (n=3)	Government Officials (n=1)	Health Care Providers (n=2)
<b>Sex</b>				
Female	0	3	1	1
Male	3	0	0	1
Transgender	1	0	0	0
<b>Education Level</b>				
Primary school	0	0	0	0
Low er secondary school (7-8)	0	2	0	0
Secondary school (9-12)	4	1	0	0
Some college	0	0	1	2
Mean Age	34.5	38	51	46
Mean Years at Current Job*	3.6	1.6	1	9
<b>Hai Phong</b>				
Characteristics	Drug Use Peer Educators (n=3)	Sex Work Peer Educators (n=3)		
<b>Sex</b>				
Female	0	3		
Male	3	0		
Transgender	0	0		
<b>Education Level</b>				
Primary school	0	0		
Low er secondary school (7-8)	0	2		
Secondary school (9-12)	3	1		
Some college	0	0		
Mean Age	37.7	35.7		
Mean Years at Current Job*	2.7	4.5		

\*Some participants reported the number of years they have been in the types of work, rather than the number of year they been in their current jobs.