CHAPTER III

PROPOSAL

EXPANDING HIV PREVENTION PARTNER COUNSELING AND TESTING IN NORTHERN VIETNAM

3.1 INTRODUCTION

HIV/AIDS epidemic in Vietnam has risen quickly. The first case of HIV infection was reported in December 1990 in Ho Chi Minh City. The number of provinces reported had increased yearly, from 1 province in 1990 to 61 provinces in 1998. In 2000, the cumulative prevalence of HIV infected cases was 27,619, in which 4,548 AIDS patients and 2,401 cases have died from AIDS. The present HIV situation in Vietnam is serious. The epidemic has been recognized in all provinces and cities in the whole country (1).

The mode of HIV/AIDS transmission in Vietnam is similar to the mode of HIV/AIDS transmission in Thailand. The first period of HIV/AIDS transmission is among high risk groups as injection drug users (IDUs), commercial sex workers (CSWs), which is followed by transmission to lower risk groups and to community (2).

Vietnam composes of three regions: South, Central and North. The North Region comprises of 28 provinces, is bordered by China to the north, Laos to the west. The first case of HIV infected was reported in the region, in 1993. Since 1996, the HIV epidemic started booming in some major cities such as Ha noi, Quang ninh, Hai phong and Lang son and then widely spread into all provinces in 1998. Up to December 2000, there were 12,410 cases of HIV positive reported in the north, of which AIDS patients were 524 and AIDS mortality 134 (table 1).

The mode of HIV transmission in the North is similar to the whole country, mainly through sharing syringes and needles among intravenous drug users (IDU's) But IDUs in the north are younger than those in the South (3). The majority of IDU's in the south were addicted to drugs before 1975, during the period of Vietnam war. In contrast, in the north, almost IDUs just started using drug in the most recent years (4). For instance, HIV situation analysis in Quang ninh province which is a representative to the north's HIV situation showed in the Table 2 & 3: 97,1% of HIV infected persons are males; age group between 20 – 29 accounted for 70,7%; 80,8% of HIV persons are IDUs and the HIV epidemic is concentrated in the cities, township rather than in the rural areas. Most of them are sexually active so the potential of HIV transmission to their sex partners is real problem (5).

Table 1: Cumulative HIV/AIDS distribution, as of December 2000 in the North Of Vietnam

No	Provinces	Cumulative HIV persons	Rate/100,000	Cumulative AIDS	Cumulative deaths
1	Quang ninh	3062	304,84	200	22
2	Hai phong	2355	140,77	14	1
3	Ha noi	1800	67,36	36	8
4	Lang son	765	108,57	49	11
5	Nghe an	691	24,18	35	11
6	Hai duong	583	35,34	28	5
7	Bac ninh	372	39,52	7	0
8	Thai nguyen	343	32,79	12	11
9	Bac giang	292	19,57	1	2
10	Nam dinh	253	13,40	17	5
11	Cao bang	244	49,69	11	7
12	Thai binh	243	13,61	20	10
13	Thanh hoa	224	6,46	22	6
14	Hoa binh	166	21,91	7	3
15	Ha tay	159	6,66	30	11
16	Son la	158	17,93	0	0
17	Hung yen	111	10,39	2	1
18	Phu tho	104	8,24	9	7
19	Ninh binh	95	10,75	8	1
20	Vinh phuc	68	6,23	0	0
21	Ha nam	67	8,46	0	0
22	Lai chau	56	9,51	1	1
23	Yen bai	53	7,80	5	2
24	Tuyen quang	45	6,67	1	2
25	Lao cai	36	6,05	3	4
26	Ha tinh	34	2,68	5	2
27	Ha giang	21	3,48	0	0
28	Bac can	10	3,63	1	1
	Total	**12,410**		**524**	**134**

Source: *AIDS Division of Ministry of Health of Vietnam, 2000*

Table 2. HIV infection by sex, age group, target group in Quang Ninh Province (December, 1999).

Variable	HIV infected (n= 2081)	Percentage (100 %)
Sex		
Male	2020	97.1
Female	61	2.9
Age group		
Under 13	6	0.3
13-19	316	15.2
20-29	1470	70.7
30-39	258	12.4
40-49	25	1.2
Above 49	6	0.3
Target group		
IDUs		80.8
STD patients		7.9
CSWs		0.5
Blood donor		5.4
Pregnant women		0.2
TB patients		4.1
Conscripts		1.0

Source: *Provincial AIDS Standing Bureau of Quang ninh, 2000*

Table 3. HIV Infection and Death by the districts of Quang ninh Province

(December, 2000).

District	HIV infected (n=2081)		Death (n=22)	
	Frequency	Percentage	Frequency	Percentage
Ha long City	999	48.0	15	67.5
Cam pha	690	33.2	7	33.5
Uong bi	92	4.4		
Dong chieu	48	2.3		
Yen hung	44	2.1		
Hoanh bo	21	1.0		
Tien yen	19	0.9		
Van don	19	0.9		
Hai ninh	12	0.6		
Quang ha	2	0.1		
Binh lieu	0	0		
Ba che	0	0		
Co to	0	0		
Unknown	135	6.5		

Source: *Provincial AIDS Standing Bureau of Quang ninh, 2000*

As mentioned in the Chapter II, the women are more prone to get HIV infection than others. In particular, female sex partner of HIV men is at the highest risk of HIV infection. The result of the study of "HIV prevention partner counseling and testing in Quang ninh, Hai phong and Hai duong provinces" shows that many of female sex partners of HIV infected men did not know about their exposure to the risk of HIV infection. Even the female sex partners who knew their exposure but they did not have the skill of proper condom use or their risk behaviors was still not changed. That is a big problem in the HIV prevention among the female sex partner of HIV men.

The strategy to control HIV transmission among the female sex partner of HIV infected men has known some ways: stimulating partner notification; promoting partner counseling and testing (6). The model of partner counseling and testing is based on two potentials that have been used in the world are partner notification and partner counseling. It is with hope of encouraging and utilizing on the potentials of people in applying preventive measurements.

As more people are personally infected, there is a tendency for hiding or denying their HIV status and receiving counseling. Partner counseling and testing is often the best way to confidentially access and create people's confidence increased through counseling sessions (6). As people's confidence increases, their cooperation toward HIV prevention are likely to become more positive. There are many reasons to establish HIV prevention partner counseling and testing model.

The reasons are:

- Basic counseling and testing can be given successfully at grass-root level, as it enables client/patient to be as active and effective as prevention allows.
- Help persons who are HIV infected or at a high risk of HIV get the treatment and other services they need.
- Expand voluntary HIV testing services to facilitate early diagnosis and treatment of HIV infected persons. Early knowledge of HIV infection can also result in public health benefits by decreasing risk behaviors that could transmit HIV to uninfected persons (7). Uninfected persons may benefit from HIV testing if knowing their HIV status assists them in modifying or reducing risk behavior. In particular, knowledge of both one's own HIV status and one's partner's HIV status may be the most critically important factor for preventing acquisition of HIV (8)
- Increase the number and proportion of individuals at high risk who know their HIV sero-status as early as possible after the initial infection.

The HIV prevention partner counseling and testing have been firstly conducted in the three northern provinces of Vietnam and demonstrated as the effective HIV prevention program. 73% of HIV infected men who had female sex partners and 90% of female sex partners contacted were willing to participate in the program. The program has increased the number of people who know their exposure to the risk of HIV infection and their HIV status is very useful for the HIV prevention program. Through the program, the female sex partners who tested negative felt very lucky and committed

themselves to practice with the safe sexual behavior in preventing HIV infection. People who were already infected with HIV knew how to live with their disease longer without negative impacts. With these results, expanding HIV prevention partner counseling and testing are needed. And well training for health worker participated in the program is the most important point.

Lessons learned from the study of HIV prevention partner counseling and testing in Quang ninh, Hai phong, and Hai duong, Northern provinces, Vietnam focus on the counseling skills training for counselors. Training for the health workers is the key point because the HIV prevention partner counseling and testing which is conducted by the health workers at all levels is a sensitive intervention program that needs wide knowledge and good skills. At present, in the northern region most of the health care providers who will give counseling and testing are not trained on the partner counseling and testing. They are still concerned about their lack of knowledge and skills and may be concerned about breaking the confidentiality of patients. The health care providers who are willing to participate in the program should also have credibility and enthusiasm with community. In the early stages of the epidemic (when few people are obvious sick) there is often a high level of stigma, fear and lack of acceptance and sympathy of people in general and sex partner in particular regarding living together with the HIV carrier. This can make difficult for health worker/counselor to involve them in providing counseling and testing (6).

HIV partner counseling and testing services just started in some northern provinces of Vietnam and there has been little experience in conducting this model of partner counseling and testing services. Despite the fact that partner counseling services are specifically authorized and required to be provided by Vietnamese Ordinance. The National AIDS Standing Bureau, Ministry of Health which authorizes funding and activities for HIV prevention should officially approve the expansion of the HIV partner counseling and testing services in the northern region whether they are supported domestically or by international organizations. This proposal is therefore designed to expand the HIV partner counseling and testing services in the northern region of Vietnam.

3.2 OBJECTIVES

3.2.1 General objective

The general objective of the study is to improve the HIV prevention counseling in the context of HIV testing through trained health workers in order to increase behavior change in high-risk persons, in the North Region, Vietnam.

3.2.2 Specific objectives

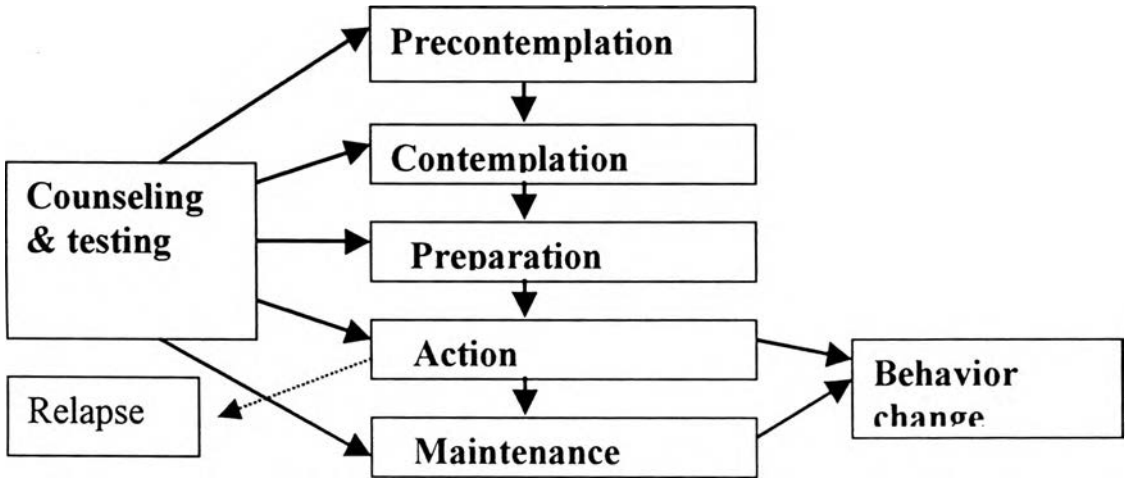
- To improve knowledge and skill of health workers on HIV prevention partner counseling and testing.
- To reduce HIV infection among the female sex partners of HIV men.
- To ensure the quality of the HIV partner counseling and testing services conducted by health workers in order to improve their counseling and testing performances.
- To evaluate the immediate outcome of the HIV partner counseling and testing services provided through trained health workers after training in terms of increase the female sex partners of HIV men with behavior change.

3.3 BEHAVIOR CHANGE MODEL

According to the guideline of Center for Disease Control and Prevention (CDC), USA on behavior change, the transtheoretical model *(CDC-NCHSTP-Division of HIV/AIDS Prevention)*, often called the stages-of-change model, was designed to describe the stages people go through when changing behaviors. The stages described by the model as illustrated in Figure 3.3. are:

- **Precontemplation** - when the person has no intention to adopt (and may not even be thinking about adopting) the recommended protective behavior;
- **Contemplation** - when the person has formed either an immediate or long-term intention to adopt the behavior but has not, as yet, begun to practice that behavior;
- **Preparation** - when there is a firm intention to change in the immediate future, accompanied by some attempt to change the behavior;
- **Action** - when the behavior is being consistently performed but for less than 6 months; and
- **Maintenance** - the period beginning 6 months after behavior change has occurred and during which the person continues to work to prevent relapse.

Figure 3.3. Conceptual framework of partner counseling and testing



Note: ——▶ Positive impact

·····▶ Negative impact

Source: Modified from the transtheoretical model

(CDC-NCHSTP-Division of HIV/AIDS Prevention, USA, 1997)

The stages-of-change perspective is important because it recognizes that people are at different stages of readiness when it comes to using condoms or making other changes. Individuals at different stages may be receptive to different types of intervention messages. Clearly, a different strategy is necessary when one is dealing with someone who has no intention of changing his or her behavior than when one is dealing with someone who intends to change but has not been able to act upon that intention.

Similarly, someone who is trying to change but has not been able to consistently perform the protective behavior requires a different message or strategy than someone who is consistently performing the behavior. The stages-of-change model suggests that rather than viewing behavior as an "all or nothing" phenomenon, it is important to view behavior change in terms of a sequence of steps and that interventions should be tailored to the stage that an individual is in.

3.4 PROPOSED PROGRAMS

The main focus of this study based on the lessons learned from the previous study is to provide counseling services to the female sex partners of HIV infected men in the context of HIV testing through trained health workers of the North region of Vietnam. Therefore, HIV partner counseling training is a major component of the proposed plan. The purpose of training is to teach health workers how to counsel the clients of HIV partner counseling and testing services as well as for them to develop their interpersonal communication skills and learn how to communicate effectively with the clients of HIV partner counseling and testing services. The proposed programs include training program of counseling for health workers in the North of Vietnam, implementation, supervision and evaluation of partner counseling and testing services. Approach used in the training program is based on the transtheoretical model, as showed in Figure 3.3. of conceptual framework of partner counseling and testing.

3.4.1 Training program of counseling for health workers in the North, Vietnam.

Presently, every health worker who is responsible for HIV prevention and care in the North Region of Vietnam have not been trained formally in counseling services. Partner counseling is a special form of interpersonal communication between service provider and clients in the context of HIV testing. Therefore, health workers of the region needs partner counseling and testing training.

This training will be conducted by the researcher with the support of the National AIDS Standing Bureau and in close co-operation with the Centers for Disease Control and Prevention, USA. After training, staff of all health centers will be responsible for the implementation of the counseling and testing services to the clients.

3.4.1.1 Training objectives

The main objective of the partner counseling and testing training is to improve the counseling knowledge and skills of health workers who interact with female sex partner of HIV infected men. At the end of the training, the participants will be able to:

- Describe the difference between motivation, education, and counseling.
- Discuss the benefits of the partner counseling and testing in HIV prevention and control.
- Explain the principles of the partner counseling and testing

- Recognize the stage of clients, according to the stage of behavior change model (CDC-guideline)
- Demonstrate the qualities and skills of an effective counselor
- Describe and demonstrate pre-test and post-test counseling
- Explain how to keep and protect the confidentiality of the client at all time
- Explain about HIV prevention methods

3.4.1.2 Training methods

Group discussion, exercise, demonstration, role play, case studies, lecture and brainstorming are the methods of counseling training to be given to the health workers. Lectures will be minimally applied during the training because practical training is focused for developing the counseling skills to the health workers. One handbook will be given to the health workers, which contains background information that reinforces the content and which the health workers use throughout the training.

3.4.1.3 Training curriculum

The curriculum of counseling training for health workers in the north will be The National AIDS Standing Bureau's training package with some necessary modification to fulfill the objectives of the project. The curriculum will include:

- Review of the science-base for HIV prevention counseling and introduction theoretical models from which recommended practices have been derived.
- Review of experience and lessons learned from programs providing counseling in the U.S. and in Vietnam.
- Review of recommended practices and procedures for providing HIV prevention counseling to high-risk individuals including sex partners of people living with HIV.
- Demonstration of HIV Prevention Counseling: One or two well-trained and experienced counselors will be invited to participate in skills demonstration sessions. The demonstration model procedures and practices are recommended for providing counseling. The counselors to demonstrate skills will be selected from those that have received prior trained by NASB and CDC for their participation in operational research. They have direct experience in applying the recommended model and providing counseling services for people living with HIV and their female sex partners in the northern provinces. The participants will observe and watch for counseling skills used.
- Monitored role-play using scenarios based on actual experience with providing counseling services to high-risk persons counseling in Vietnam. This experience has been gained through CDC-supported pilot projects and training activities. The instructors and other workshop participants will critique the role-plays. Participants will practice in the workshop setting so they can start to develop counseling skills and experience in using the recommended protocol.

- The role play practice sessions will offer all participants an opportunity to practice under the observation of other participants and receive feedback. Participants will be split into small groups and practice in pairs (one counselor and one client). When a pair is presenting, other participants of the group will focus on observing their skills and provide comments after they finish. The instructors and facilitators will facilitate feedback discussion. Following completion, the participants will be asked to conduct a critical evaluation of the training workshop. Findings from this evaluation will be incorporated into the next training workshop.

3.4.1.4 Training duration

The duration of training program will be 7 days. Date of training will be scheduled by discussing with the Director of the National AIDS Standing Bureau and medical health officers of participating northern provinces.

3.4.1.5 Training venue

HIV partner counseling and testing training workshop will be carried out in Hanoi City. The participants from the northern provinces will be invited to get counseling skills training and provide counseling services to the clients after training.

3.4.1.6 Trainees

Trainees of this training will be 56 selected health workers of the northern provinces. They are medical doctors who are working in the Center for Preventive Medicine of the northern provinces and responsible for HIV prevention and control.

3.4.1.7 Trainers

The required trainers for the counseling training will be available from the National AIDS Standing Bureau and the NASB/CDC Collaboration to conduct counseling training to the staff of the northern region. The trainers have already been trained in HIV counseling and HIV partner counseling and testing. For this purpose, researcher will request to the Director of National AIDS Standing Bureau to provide trainers.

3.4.1.8 Training evaluation

Evaluation is an important aspect of counseling training. It helps to know the effects of the training to the health workers in terms of knowledge, attitude and skills. It also helps to improve the future counseling training activities. Counseling training evaluation includes 3 stages: training process; learning outcome; trainees' behavioral

changes to be evaluated by their knowledge, attitude and practice. These can be described as follows:

3.4.1.8.1 Training process evaluation

Training process evaluation is the observation and description of how training program is being conducted. It suggests strengths, weaknesses and potential improvements in the future counseling training program. It focuses on the training objectives, contents, methods, materials, facilities, duration, and effectiveness of the trainers in conducting training workshop. One of the techniques process evaluations will be done through short written questionnaires (see Appendix IV) to the health workers for their reaction about counseling training. Usually, training process evaluation will be done by observing role-play, demonstration and feedback exercise of trainees during the counseling training. The trainers will perform this task informally during the training course. However, process evaluation also can be done at the end of the counseling training course. It will help to determine whether trainees have improved their counseling skills and satisfied with the counseling training course from trainees' perspective.

3.4.1.8.2 Learning outcome evaluation

Knowledge and skills of HIV counseling is essential for proper counseling to the clients. Counseling training is provided to enhance such types of knowledge and skills of

the counselor. It is necessary to measure whether their knowledge and skills improved as we have desired for providing counseling services to the family planning clients. Therefore, pre-test and post-test will be done before and after training with multiple choice and true-false questions.

- *Pre-test of trainees with written questionnaire*

Pre-testing is essential to know the existing knowledge of health workers. We can measure the level of knowledge of health workers through pre-testing. Pre-testing of health worker helps identify the topics that need to be more emphasized or less emphasized during training period. It will help both the health workers and trainers to carry out training smoothly. Pre-testing will be done at start of the first day of the training course. The main purpose of pre-testing includes sharing of experiences between trainers and health workers and comparing with the post-test whether they gain knowledge and skill see Appendix V).

- *Post-test with written questionnaires.*

Post-test is necessary to measure whether their knowledge increased as we have desired to provide counseling services to the clients. It helps to measure whether the knowledge and skill of health workers have improved by the end of counseling training. Therefore, the health workers chosen to participate in the counseling training will be required to undergo a post-test questionnaire. The post-test will be the same as the pretest questionnaires (see Appendix V). The counselor trainer will determine their knowledge through the score obtained by health workers. At least 85% score will be considered as a successful health worker of the counseling training because 85% and above score is

graded as distinction level in Vietnam. So they will be competent to provide counseling services to the clients. In addition, it can be assumed that health workers will obtain 100% score because the training approach and methods is intended to do so. If they themselves do not obtain 85% or more, it is questionable whether they will provide good counseling services to the client of partner counseling.

3.4.1.8.3. Behavioral change evaluation of health workers.

This type of evaluation will be done one month after training which will determine whether the health workers' attitude and behavior have changed after training. The attitude and behavior such as active listening, attentive behavior, questioning, summarizing, reflecting feelings, information giving, facial expression, eye contact, tone of voice, smiling, sitting position, showing concern and interest, greeting clients, shaking hands, introducing himself/herself, inviting client to sit down and politeness component will be observed during counseling service. Clinic observation technique will be used to evaluate the attitude and behavior of the health workers. The observation will be done by experts who have skills in HIV counseling and interpersonal communication. The elements of counseling process, which determines the quality of counseling service and steps of counseling process will be applied for the checklist of observation (see Appendix-VI). The observer will select a client among the clients of the partner counseling and testing services. The observer will sit in the room where a trained counselor provides counseling services to the clients. One session of counseling services

for each health worker will be observed by using checklist. Tape recorder will be used to record all information expressed by the health worker during counseling session from the client – provider interaction.

One observation for each health workers will be done before counseling training. Instruments of the observation for this purpose will be the same as the after training observation instruments because before and after training observation will be compared to determine whether the health workers behavior changed. This type of observation will also be done periodically as a supervision, which will improve the performance of health workers and encourage them to work sincerely and continually.

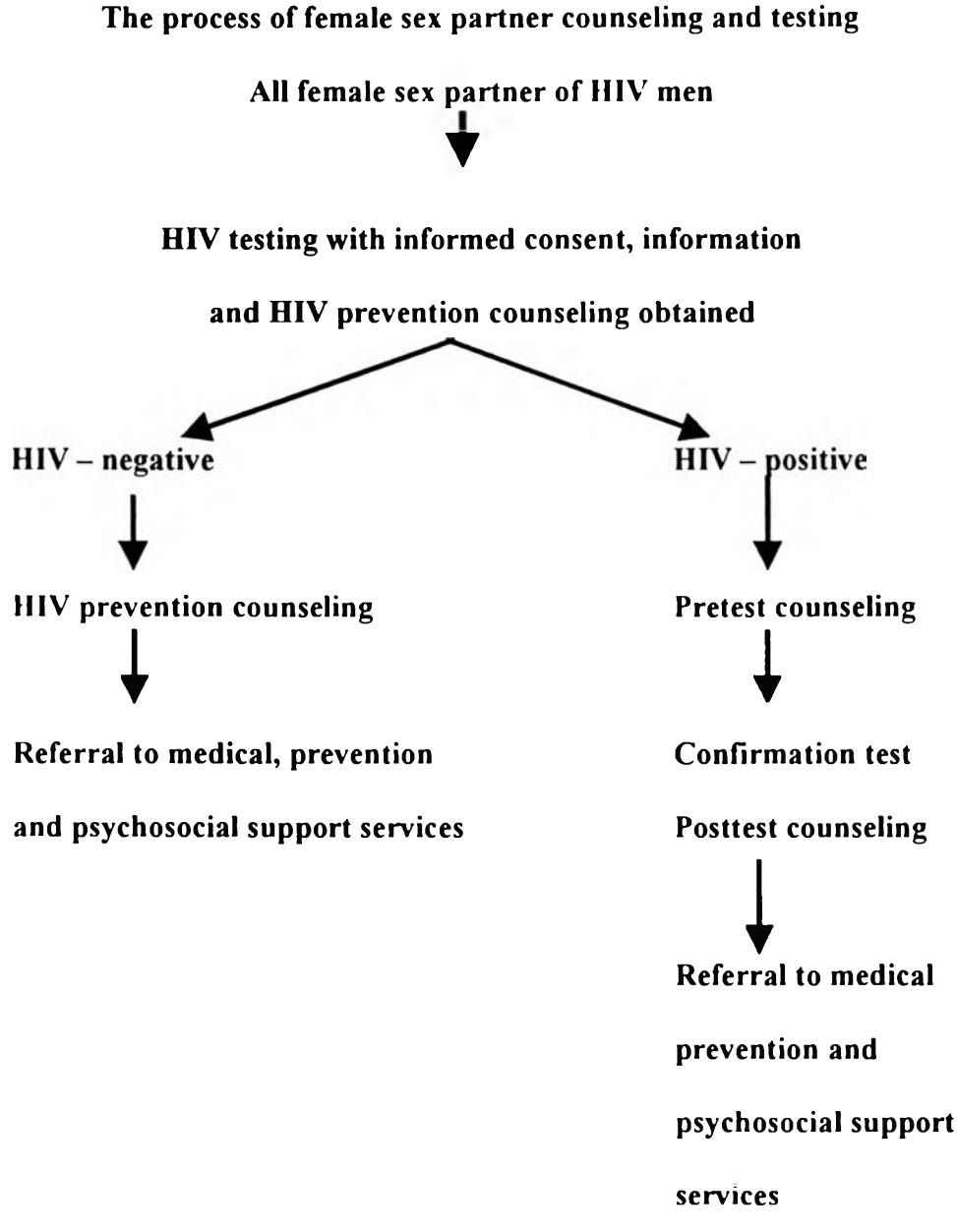
3.4.2 Implementation of HIV partner counseling and testing in the north, Vietnam

After completing the counseling training workshops, trained health workers will provide counseling and testing services to the female sex partners of HIV infected men in the counseling room of health setting, home/workplace or any convenient places where confidentiality of the client can be maintained. The sufficient supply of HIV rapid test will be ensured during the period of the project. HIV prevention partner counseling and testing is a voluntary process which includes two major stages: contact and counsel HIV infected men to find their sexual relationship; and contact, counsel and test HIV for their female sex partners. All activities are only conducted when the health workers have obtained the informed consent and the client can refuse it any time without any negative impact. Two ways of accessibility to the female sex partners are recommended: direct contact; and contract - referral.

The female sex partner is defined as somebody you have known for more than two months, have sex with regularly three times per week and have an emotional bond with (live together, share something), including spouse.

After contact with female sex partner, health worker will provide counseling and testing to female sex partner of HIV men. Before HIV counseling and testing, the informed consent have to be obtained. Depending on the situation, two counseling sessions will be conducted with HIV positive female sex partners including pre-test and post-test counseling.

The process is as follows:



3.4.2.1 Pre-test counseling

Pre-test counseling is needed when counselor meets the partner counseling and testing clients at first time. The main intention of pre-test counseling is to familiarize with the clients, to explain about confidentiality protection, to notify their exposure to HIV infection, and available HIV prevention measures. Therefore, trained counselor will manage pretest counseling according to following guidelines:

- Introduction and orientation
- Explanation of confidentiality protections
- Notification of sexual exposure to HIV
- Enhancement of partner's perception of personal risk
- Informed consent for HIV testing
- Assessment of behavioral and situation aspects of personal risk
- Provision of HIV test results
- Development of a risk reduction plan
- Personal commitment to HIV prevention
- Makes a return appointment for the clients

Duration of pre-test counseling is about 75 – 130 minutes for sero-negative and 95 – 155 minutes for sero-positive. However, in cases where the clients tested are positive, the counselor must arrange with the client to return to receive confirmation test and post-test counseling.

3.4.2.2 Post-test counseling

Post-test counseling is given to the clients when HIV test results are provided. In this session, the counselor discusses the test results, asks the client to describe the risk reduction step attempted (acknowledging positive steps made), helps the clients identify and commit to additional behavior steps, and provides appropriate referrals. Therefore, trained counselor will manage posttest counseling:

- Introduction and orientation
- Provision of HIV test result
- Explores changes in risk behaviors or life style that may means client needs a different support.
- Find out if the client is satisfied with the HIV prevention method and is using it.
- Explores how the client is using the HIV prevention method to ensure that the client is using correctly, and if appropriate, get the client to repeat the instructions.
- Make further risk reduction plan
- Personal commitment to HIV prevention

In cases where the client lacks confidence in HIV prevention methods, the counselor should make a plan for continuing the follow-up counseling.

3.4.3 Monitoring and supervision of partner counseling and testing

Supervision is an important part of improving the performance of health workers and in the success of partner counseling and testing services. Health workers will learn counseling skills from the training, then, they will apply skills of counseling learned from training in actual problem solving. Periodic supervision of counseling and testing services by trained supervisors from the National AIDS Standing Bureau will help the health workers to perform counseling and testing more effectively. In this supervision, supervisors will supervise counseling and testing performance of health workers, evaluate their competence, instruct them in what to do, teach additional skills and new skills as needed and help to solve the problem as they arise. The supervision of counseling and testing services will be done every week during the project duration.

3.4.4 Evaluation

3.4.4.1 Introduction

The main intention of HIV partner counseling and testing training is to improve the quality of the "HIV partner counseling and testing services" to reduce HIV transmission among female sex partners of HIV infected men. After completing provision one year of counseling and testing services to the clients of the northern region of Vietnam, the evaluation will be carried out in the northern provinces to assess outcome of counseling and testing services, that has been provided by trained health workers. The

outcome of the intervention will be measured on the basic of indicators related to knowledge, attitude and practice of the counseling clients. The real outcome of interest is the actual rate of HIV or STDs incidence, relationship within the couples.

3.4.4.2 Method of evaluation

Client survey research method will be used to evaluate the outcome of partner counseling and testing services after one year of implementation of the program. The outcome of the intervention will be measured on the basic of indicators related to knowledge, attitude, practice of the counseling clients, and relationship within the couples. The real outcome of interest is the actual rate of HIV or STDs incidence. However, due to the low sensitivity of these variables, behavioral change is used as a surrogate of change in the disease incidence. The structured questionnaire (see appendix – VIII), official statistics such as monthly reports and in-depth interview (see appendix – VII) will be used as data collection instruments. The official statistics based on the reports of provincial health care workers include the number of clients contacted; date of testing; date of her follow-up visit; test result; counseling and testing received or not received and STD treatment.

3.4.4.3 Study population for evaluation

In the HIV partner counseling and testing services, target population is the female sex partners of HIV men in the northern region, Vietnam. The HIV partner counseling and testing services will be conducted in either health care setting or other convenient places where the confidentiality of the clients can be maintained. Therefore, the clients of HIV partner counseling and testing services from 1st November 2001 to the end of 2002 will be the study population.

3.4.4.4 Sampling

The sampling for this study in order to conduct structured questionnaire and in-depth interview will be the clients of HIV partner counseling and testing services in the north from 1st November 2001 to the end of 2002. Based on the previous study conducted in three northern provinces, the prevalence of female sex partners infected with HIV is 0.16 and with expected absolute precision of study of 0.05. Thus, sampling will be approximately 207 clients of the northern provinces.

3.4.4.5 Data collection

- **Structured questionnaire:** The structured questionnaire interviews will be done in order to get accurate information from the clients of the HIV partner counseling and testing services. This technique of data collection will mainly determine the knowledge, attitudes, decision making, continuation, follow-up visit and practices of the clients on HIV prevention activities. Basically, this questionnaire will be based on the questionnaire used in the previous study in the three northern provinces (see Appendix VI). Interviewers will be selected from the National AIDS Standing Bureau and some northern provinces, who have had experience in the real field.

- **Review of official statistics:** Official statistics will be used as one of the techniques of data collection. It helps to look at the service achievements of the HIV partner counseling and testing services conducted in the north region. These data will be collected from Master Registers, and Monthly Reports. Master Registers show the record of each visit for counseling and testing and follow-up visit by the clients. Similarly, Monthly Reports show the number of clients contacted, test result, counseling and testing received or not received and STD treatment.

- **In-depth interview:** In-depth interview is a qualitative research method and has in recent year years been increasingly in social science research. It is time and cost saving means to collect information on feelings, beliefs, attitude, experiences and reactions. The purpose is to get in-depth understanding of perceptions, needs of female sex partner (see guideline in appendix VII).

3.4.5 Projected time frame for the research

The research is expected to begin on about November 1, 2001 and will be completed by December 30, 2002.

3.4.6 Budget milestones(for Voucher Payments):

Estimated budget for the research: $19,600:

Milestone 1: Complete and secure approval for the project plan and other procedures and policies to be used in the study: $3,000

Milestone 2: Hold a training workshop in Hanoi City for provincial public health workers. The purpose of the training workshop will be to review the HIV epidemic in the north region, Vietnam, as well as the results obtained from the study of "HIV prevention partner counseling and testing in Quang ninh, Hai phong, and Hai duong, Northern Provinces", HIV prevention activities planned and training on the counseling and testing skills for "expanding HIV prevention partner counseling and testing services" into the northern provinces of Vietnam: $6,600

Milestone 3: Conduct and complete the study of expanding HIV prevention partner counseling and testing services in the North of Vietnam following the approved protocol and policies. Develop and submit a full report of findings: - $10,000

3.5 LIMITATIONS OF THE STUDY

This study will be limited to only Northern Provinces, Vietnam and focus on the female sex partner of HIV men, which will not be the representative of the country as whole. Therefore, result of the study can not be generalized. The conclusion of the study will refer only to those groups selected to participate in the study.

The proposed study will be conducted in the health setting and the community of the northern region which come under the jurisdiction of the health institutions of Vietnamese health system. The management and implementation of the program will be out of control from the researcher because these health institutions are directly controlled by the Provincial Health Services. Risk behavior change is not only effected by counseling and needs a long time. Therefore, expected outcome of increasing the number of the clients with behavior change might not be fulfilled.

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