YOUNG, WILD AND... FREE? CHANGE STORY: VIETNAM
YOUNG KEY POPULATIONS LEAD THE WAY: SCALING UP HIV AND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS SERVICES IN VIETNAM

1. INTRODUCTION
This change story describes Lighthouse Social Enterprise's scale-up of programmes to improve health outcomes for young key populations (YKP) in Vietnam. The project, led by Lighthouse in partnership with MPact, implemented three scale-up interventions in Hanoi:

• Training for healthcare workers.
• Establishing the first young key population-led one-stop-shop clinic in Hanoi.
• Fostering young people's leadership.

The project invested in and equipped young LGBTQI leaders with tools, knowledge, and resources to work with local healthcare workers, develop their leadership capacities, and operate a community-led clinic. Lighthouse, which is led by young LGBTQI people, adapted two best practice interventions adopted from the Bridging the Gaps programme1 in Kenya and Ukraine, and researched, planned, and implemented the interventions with significant successes despite the COVID-19 pandemic.

2. THE PROBLEM
Despite sustained international and national funding for Vietnam’s HIV response for supporting sexual health services for young key populations, new HIV infections continue to increase among young key populations. In 2020, the

1 The Bridging the Gaps programme (2011-2020), a partnership with the Dutch Ministry of Foreign Affairs, focused on the health and human rights of sex workers, people who use drugs and LGBTQI+ people in 16 low- and middle-income countries in Asia, Africa and Europe.
Ministry of Health’s Vietnam Administration for HIV/AIDS Control (MoH-VAAC) reported that 50% of the 13,000 new HIV infections were in young key populations (aged 16-29). Lighthouse’s study on barriers to access for sexual health services shows that young key populations (particularly young gay men, bisexual men, men who have sex with men (MSM) and transgender people) encounter stigma, discrimination, and lack of access to adequate services. MoH-VAAC reported that Vietnam has 215,220 people living with HIV. Infections in MSM increased from 2.3% in 2012 to 13.3% in 2020. Only 41.3% of all gay men have tested for HIV, 11.7% have accessed STI screening, and only 23.3% of MSM living with HIV have received treatment within the last three months. According to the HIM study carried out by Hanoi Medical University in 2017, HIV incidence among MSM is 6.9% and highest among MSM aged 16-24 (7.5%)3.

Stigma and discrimination are the most pervasive problems that young key populations encounter at healthcare centres in Vietnam. The 2014 Vietnam Stigma Index showed that 60.1% of respondents had not discussed their HIV-related treatment with a healthcare professional in the past 12 months4. Only 16.6% of MSM, 42.6% of female sex workers, and 38.1% of people who inject drugs had benefited from such a discussion. Negative experiences stop these groups from seeking essential services or returning for follow-up treatment and care. These groups also delay seeking assistance promptly, adversely affecting their health.

A Lighthouse study conducted in 2020 identified barriers encountered by young key populations when accessing HIV/AIDS and sexual health services, supported findings by other studies. Study participants reported inadequate information on HIV/AIDS, sexual health services, and related services for young people. They said they face stigma and discrimination in healthcare facilities and are made to feel shame and embarrassment. Healthcare services were inaccessible, unavailable, or inconvenient. Participants said they could not afford to pay for sexual health and HIV/AIDS services, and there was a lack of trained staff to provide specialised services to meet their needs as young key populations.

Lighthouse’s study on healthcare services between 2017 to 2019 found that healthcare workers needed better sexual health and gender identity training. They did not possess sensitivity, understanding, or empathy when working with young people; they used demeaning language when communicating with LGBTQI youth and had a poor understanding of their sexual health needs. They were also unaware of normative guidance and global and national best practices on healthcare delivery for young key populations.

3. THE CHANGE(S)

Despite the COVID-19 disruption, MPact and Lighthouse’s project achieved most of the changes proposed in the work plan. The project extended sensitising training to healthcare providers in two provinces outside Hanoi, opened a one-stop-shop clinic to increase sexual health service delivery for young key populations in Hanoi, and fostered leadership among gay and bisexual young people.

Lighthouse conducted a young key population-led study in early 2020 with 65 young people from key populations to understand what influences them to access sexual health services. This study is one of the first in Vietnam to focus on YKP preferences conducted by young researchers from key populations. Lighthouse used this data to strengthen its training to sensitise healthcare providers, expand the provision of pre-exposure prophylaxis (PrEP) for young key populations, and shape the
sexual health services that Lighthouse provided at the new clinic. The study findings also served as an advocacy tool. PEPFAR and the Global Fund to Fight AIDS, Tuberculosis and Malaria incorporated the recommendations to continue working with and supporting YKP-led community-based organisations (CBOs), YKP-led social enterprises, and private health providers to expand access to HIV testing, PrEP, and post-exposure prophylaxis (PEP). PEPFAR included the recommendations in its country operation plan for 2021. The Vietnamese Global Fund Country Coordinating Mechanism (CCM) introduced the recommendations in its C19RM strategy (the Global Fund’s COVID-19 response mechanism).

3.1. Improved health services for young key populations through developing healthcare workers’ knowledge

Large cities like Hanoi have access to funding and technical assistance to address the issues discussed above, but rural provinces have limited access to such resources. To address this inequity, Lighthouse worked with small LGBTQI-led organisations in Thai Nguyen and Hai Phong provinces to train young leaders on the project methodology and the training of healthcare workers.

Lighthouse identified and partnered with small organisations in the two provinces, liaising with the government and health clinics about the project, conducting in-person training of trainers for ten young LGBTQI leaders and implementing a peer-to-peer leadership development initiative. Lighthouse also assisted local organisations in data collection and analysis, adapted the pre- and post-assessments tools and presentation, and mentored participants to present the findings and recommendations.

The young key population leaders used their improved knowledge on sexual health, gender, structural barriers, and best practice in service delivery for young people to sensitise healthcare staff. The training covered the needs and rights of young key populations to reduce stigma and discrimination towards young key populations. Before the Young, Wild and… Free? programme, most sensitisation and training occurred in metropolitan provinces. For example, young sex workers in Ho Chi Minh City also reported a significant increase (43%) in new young key population clients visiting their facility.

Table 1: Results of post-survey training with patients

<table>
<thead>
<tr>
<th>Clients said that</th>
<th>Pre-training</th>
<th>Post-training</th>
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<tbody>
<tr>
<td>They appreciated healthcare workers’ understanding of YKP needs</td>
<td>76.7%</td>
<td>96.7%</td>
</tr>
<tr>
<td>The healthcare facilities had met their needs</td>
<td>40%</td>
<td>90.3%</td>
</tr>
<tr>
<td>They felt safer and more comfortable sharing their sexual health and HIV concerns with the healthcare provider</td>
<td>65.6%</td>
<td>88.8%</td>
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After twelve months of the intervention, 26 healthcare providers had been trained in two clinics. All reported that they gained more confidence in communicating, counselling, and providing friendly services to young key populations. The providers also reported a significant increase (43%) in new young key population clients visiting their facility.

One healthcare worker shared his transformation:

“This is the first time I learned information about the LGBTQI key populations. Before, when I met them, I didn’t know how to communicate with them; I was also afraid to talk to them, not because of discrimination. No, but I was afraid that if I said something wrong, they would be upset, so I only advised on drugs and treatment in general. Now that I know what their preferences are, how to use words to show respect and friendliness, it will help to better advise them so that they are no longer shy or embarrassed.”

– NTT, medical staff in Thai Nguyen

3.2. One-stop-shop clinic for young people: Increasing the quality of sexual health services for young key populations

Inspired by the HOYMAS one-stop-shop model in Kenya for young sex workers, Lighthouse established a clinic in Hanoi in July 2020 to increase sexual health services free of stigma and discrimination for young gay, bisexual, and transgender people in Hanoi. The clinic aimed to serve an average of 200 young people monthly, significantly increasing access to HIV testing, treatment and care, PrEP, mental health referrals, harm reduction and other SRHR services. Young people can set up appointments online and access information about the clinic via its website and various social media platforms which reach an average of 10,000 young people monthly. To respond to the challenges presented by COVID-19, Lighthouse set up a system to home deliver HIV self-test kits, antiretrovirals (ARVs), and PrEP medication.

Lighthouse worked with qualified vendors to adapt existing spaces to meet health requirements and obtained licenses and permits to operate legally. The organisation hired qualified LGBTQI staff who played a key role in making the space friendly and welcoming to young people.

By July 2021, nearly 12 months after its official opening, Lighthouse had served 1,012 young gay and bisexual men and women, transgender young people, and young people who use drugs. The clinic delivered HIV tests for about 1,000 young people from key populations and STI tests for 237. The project enrolled 272 young people living with HIV on PrEP and provided PEP for 128 YKP. Lighthouse started 47 young people living with HIV on ARV treatment and referred...
316 young key populations to other services. Significantly improved access to services was possible because well-trained young LGBT peers run the clinic. Young key populations did not access government services and facilities because of stigma, discrimination, inadequate services and inconvenient opening hours.

“I used to be distraught and would panic about having unprotected sex; I even delayed getting tested for HIV and other STIs for a long time because I was afraid of getting infected and afraid if someone found out that I had sex with men. A staff member of Lighthouse clinic approached me via Blued (a gay social networking app); he helped me calm down, discussed my concerns, and was very enthusiastic to answer my questions even though I knew they were silly questions. I was dumbfounded because I was too nervous, but he was very patient. After that, I decided to get tested and treated and became a volunteer to help other young people in the community.”

– Đ.A, volunteer at Lighthouse Clinic

3.3. Strengthening young people’s leadership through community mobilisation

Lighthouse trained 33 young LGBTQI leaders to maximise the community’s capacity to implement similar projects. The training included the “secret client” methodology, human sexuality, sexual orientation, gender identity, and standard HIV and STI guidance. In follow-up meetings, the young people who received training reported they were more confident in delivering training and working with healthcare providers because of their increased knowledge and skills. Lighthouse managed to carry out in-person activities well into 2020, following national COVID-19 protocols in Vietnam.

Lighthouse led the second Stronger Together summit, a national LGBTQI event convening more than 140 LGBTQI leaders and communities across Vietnam – including young people, a broad range of stakeholders, and allies – to address health, rights, education, gender, equality, and the COVID-19 pandemic. As part of the leadership development of young key populations, Lighthouse led the Stronger Together summit’s organising, fundraising, and hosting activities, and organised working groups to develop the programme, oversee event logistics, and engage with stakeholders and communities. During the summit, Lighthouse coordinated the drafting of a call to action based on discussion points, frameworks, and recommendations from each session. The call to action was disseminated to government officials, stakeholders and allies after the summit.

“As a young activist, this is the first time I have attended such a large and well-organised conference. I feel thrilled and find it useful. I was very nervous because it was the first time for me standing in front of people to talk about my organisation’s activities; it felt great though. It was a valuable experience and motivated me to try harder. After attending the summit, I have connected and expanded my network a lot, as well as learned a lot from new and excellent ideas to be able to do new projects for my local LGBTIQ community.”

– D.A.K., young LGBT activist

Lighthouse organises seminars for young key population to educate them about SRHR in an open, safe and friendly space. Lighthouse uses creative methodologies such as drawing to enable participants to express themselves about sensitive topics.
3.4. Unexpected change: Lighthouse’s own development and growth

Building on the achievements of the Bridging the Gaps programme, Lighthouse has made radical changes in its organisation and activities for the community. Internally, Lighthouse has built a professional and flexible organisational structure that maximises young key populations’ involvement and empowers them to carry out activities and reporting professionally.

Lighthouse’s confidence grew by sharing lessons learned and good practices and guiding community partners in Kenya, Ukraine, and South Africa to scale them up in countries as part of the Young, Wild, and... Free? peer exchange. Lighthouse strengthened its capacity to provide technical assistance, support local young key population organisations to replicate successful gender-sensitive training models, and build YKP-friendly medical facilities in remote areas.

4. Lighthouse’s contribution to the change

Lighthouse implemented the scaling-up process in Vietnam and, working with MPact, jointly developed the initial work plan and budgets. The first work plan included an MPact site visit to Vietnam and exchange site visits in Kenya and Russia. The COVID-19 pandemic meant that meetings had to be moved online. The budget was revised to include personal protective equipment expenses to safely conduct any in-person meetings in Vietnam. MPact and Lighthouse conducted regular online mentoring and check-in sessions.

In summary, the partnership contributed to the following changes:

- Increased capacity, knowledge, and skills of young key population leaders in two provinces to engage and train healthcare providers.
- Advanced knowledge and skills in healthcare providers to deliver non-discriminatory services to young key populations.
- It has increased the quality of services provided to young key populations.

MPact contributed to the project by providing methodology and helping to adapt training material; reviewing work plans and processes; providing financial reporting tools and reporting schedules to ensure timely implementation of activities and budget management; advising on community mobilisation strategies; mentoring Lighthouse staff on project implementation and implementation challenges; advocating for and facilitating funding to support the establishment and opening of the Lighthouse clinic; and advising on the clinic’s operational objectives.

Lighthouse conducted periodic site visits to monitor progress and to provide one-on-one technical assistance to its partners. Dedicated staff documented the increase in knowledge and skills of participants by observing them during teaching. During these visits, master trainers provided feedback to trainees during the teach-back sessions. Lighthouse engaged in mentoring and peer exchange to share experiences, successes and challenges.

5. Analysis

The successes and changes prompted by Young, Wild, and... Free? in Vietnam are due to a strong and trusting partnership between Lighthouse and MPact, Lighthouse’s strong leadership within SRHR and young people spaces, and MPact’s community mobilisation experience. MPact and Lighthouse have a mature partnership. The organisations have worked together for more than six years and regularly share information, jointly problem solve, and seek advice from one another, overcoming the boundaries of a traditional funder/grantee relationship.

Training leaders in two provinces was possible because local young gay and bisexual men aspired to learn from Lighthouse methodology. The ongoing technical support and mentorship from Lighthouse used community mobilisation strategies to engage young local leaders in every step of the project, including negotiating with local healthcare officials and getting buy-in for the project.

The success of the Lighthouse clinic is largely due to a team that includes young people from the LGBTQI community who understand the specific needs of YKP. Clients identify with the staff, and they do not have to explain themselves or be ashamed when talking about their sexual practices with a healthcare worker. Young people valued additional safe spaces such as the small library and hangout spots at the clinic, which they could use without fear of stigma and discrimination. The clinic also listened to young people’s requests to offer service hours that meet their needs, such as offering clinic opening times that young people can fit around work and school.

The one-stop-shop model aims to give people access to all services related to sexual health and HIV/AIDS in one place. However, there is a practical challenge of co-locating all appropriate services, which can be overcome by referring or signposting to services that are known to be YKP-friendly.
6. LOOKING AHEAD: LESSONS LEARNED AND RECOMMENDATIONS

Listening to and engaging communities to solve local problems
Lighthouse learned that engaging young people in project planning and implementation helped to anticipate and plan for the challenges that they face when working with healthcare workers and accessing health services.

Collaboration is a strength that builds strong partnerships
The partnership between MPact, Lighthouse, and the local partners in Hanoi, Thai Nguyen, and Hai Phong provinces contributed to overcoming challenges, seizing opportunities, and creating community impact. Each partner had defined roles and responsibilities. For example, to scale up sensitisation training for healthcare workers in two provinces, MPact had a strategic advisory role, Lighthouse had a technical role working with the young local leaders, and young local leaders worked with the local healthcare workers.

Taking risks and creativity pay off
There are two lessons learned about taking risks and creativity. First, working with young people can be difficult for organisations, stakeholders, and funders who have no prior experience working with this group. Embracing young people’s thinking outside the box, creativity, and risk tolerance can be rewarding and successful. For example, young people’s leadership and creativity made it possible to establish the clinic in a very short space of time. Secondly, young people also took risks. Some young people who were trained felt that senior healthcare workers would not learn from them or respect them but learned that being young was not a barrier to working with experienced adults, and their experiences are valuable.

Monitor, adapt, learn and move forward
The COVID-19 pandemic took everyone by surprise. There were no contingency plans to respond to the magnitude of the challenges brought by the pandemic. It took a few months to reprogramme activities and modify the work plan and timeline. One key lesson was that contingency planning is critical for dealing with unexpected events, such as a pandemic, to ensure operations run smoothly and efficiently without delay.

Despite the COVID-19 disruption, the project implemented most planned activities and achieved significant changes. For example, scale-up of sensitisation of healthcare workers was completed in two provinces outside Hanoi; the Lighthouse clinic opened in July 2020; the Stronger Together summit was organised in 2020; and the youth-led participatory study implemented with three local young researchers from key populations.

Some planned activities were not implemented as scheduled due to COVID-19. The site visits to Kenya and Russia had to become virtual site visits, limiting engagement, participation, and learning. While Lighthouse learned the core components of the best practices from HOYMAS and AFEW Ukraine, it did not have the rich in-depth knowledge sharing experience. Lighthouse scaled up AFEW Ukraine’s example of best practice in Vietnam relating to the leadership development of young key populations through different workshops. The project hosted a few workshops in person while conducting others online, limiting the learning experience.