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NATIONAL PLAN OF ACTION
FOR CHILDREN AFFECTED BY HIV AND AIDS UNTIL 2010, WITH A VISION TO 2020

Ha Noi - 2009

MINISTRY OF LABOUR, INVALIDS AND SOCIAL AFFAIRS (MOLISA)

NATIONAL PLAN OF ACTION
FOR CHILDREN AFFECTED BY HIV AND AIDS UNTIL 2010, WITH A VISION TO 2020

HA NOI - 2009

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CHAPTER I RATIONALE FOR THE DEVELOPMENT OF THE NATIONAL ACTION PLAN FOR CHILDREN AFFECTED BY HIV/AIDS UNTIL 2010, WITH A VISION TO 2020

I LEGAL BACKGROUND

While many countries do not have comprehensive legal protection frameworks for children, let alone for those infected and affected by HIV, Viet Nam does. This has resulted in the development of a comprehensive legal framework for children, including HIV affected ones, which has been institutionalized through the following legal documents:

1. Law on Protection, Care and Education for Children approved by the National Assembly on 15/6/2004 and its implementation have confirmed that Children affected by HIV/AIDS are protected against discrimination, supported by the Government and society through providing treatment, home based care or institutionalized care.

2. Law on HIV/AIDS Prevention and Control approved by the National Assembly on 29/6/2006, containing a combination of social, technical and medical measures to be implemented in response to HIV/AIDS in Viet Nam. It provides important legal protection for some of the basic human rights of people living with HIV and positive tools for fighting stigma and discrimination. An important addition to the Law on HIV/AIDS Prevention and Control of 2006 is that people living with HIV are now expressly entitled to receive free legal aid as stipulated in the Law on Legal Aid (69/2006/QH11).

3. Decision No. 23/2001/QD-TTg on 26/2/2001 of Prime Minister, regarding approval of the Vietnam National Program for Children in the period of 2001-2010 including an objective of minimizing the number of children affected by HIV/AIDS.

4. Decision No. 36/2004/QD-TTg on 17/3/2004 of Prime Minister, regarding the approval of the National Strategy of HIV/AIDS prevention and control till 2010 and vision of 2020.

Overall, Viet Nam's laws and policies are consistent with international guidelines on children's rights and HIV but there is no clear definition of children affected by HIV in relevant laws and policies. The Law on HIV/AIDS Prevention and Control also does not have a separate chapter on children, and does not accurately define children affected by HIV according to international standards. This leads to differences in interpretation by line ministries and often results in a focus on infected children and the exclusion of HIV negative children living with parents who are infected, and other children most at risk of HIV infection. In the National Strategy on HIV/AIDS for 2004-2010 with a Vision to 2020 the protection and care for children affected by HIV is not clearly mentioned and prioritized in fund allocation. The Hanoi Call to Action for children and HIV/AIDS has called upon the commitment from all Governments to define national specific objectives and develop plans of action in order to enhance their responses, to assess their legal and policy framework and national strategies on protection, support and care of vulnerable children, and children affected by HIV/AIDS. Governments are also encouraged to update and improve ongoing policies to protect these groups of children.

In order to address shortcomings and challenges related to the protection of children affected by HIV/AIDS, and to respond to international commitments, it is necessary to develop a National Plan of Action for children affected by HIV/AIDS for the current period.

II SITUATION OF CHILDREN AFFECTED BY HIV/AIDS IN VIET NAM

1 Definitions

For the purpose of this NPA, children affected by HIV/AIDS are defined based on the Law on Protection, Care and Education for Children issued in 2004 and for mainstreaming with international definitions. Therefore the target groups to be covered by this NPA will include:

a) A child who is HIV positive
b) A child who is at high risk of being infected with HIV:
- A child who is orphaned due to AIDS (lost one or both parents due to HIV/AIDS)
- A child who is living with HIV-positive parents or guardians
- Child drug users
- Children who engage in commercial sex work or who are sexually exploited
- Children of commercial sex workers and drug users
- Children who live in institutions
- Trafficked children
- Street children
- Children who are orphaned due to other causes
- Children who are living in social care, education and protection centers

2 HIV epidemic in Viet Nam

As of August 31, 2007, there were 132,628 persons reported to be living with HIV; 26,828 with AIDS and 15,007 deaths recorded due to AIDS in Viet Nam. Nearly 80 percent of persons living with HIV are between 20-39 years of age. In 2005 33% of all HIV infected people in Viet Nam were women, representing a 3% increase from 2003. Nearly 14% of the estimated number of HIV positive pregnant women received prophylactic antiretrovirals (ARVs).

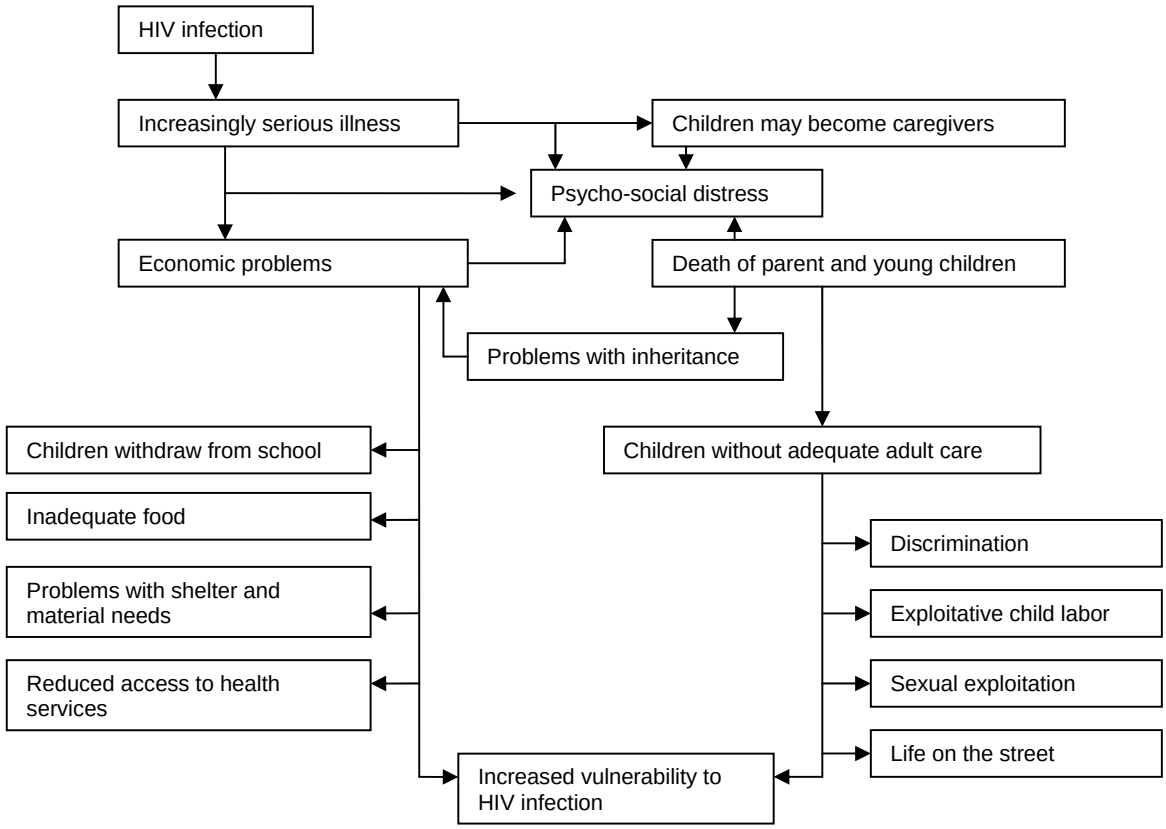
According to the Ministry of Health (MOH) report, in the first six months of 2008, there were 12,800 HIV infected cases and more than 1,600 people died because of AIDS. Nationwide, about 2,500 HIV infected children are found, of which 1,700 need ARV treatment and have access to free ARV. 500 HIV infected children were provided with health insurance cards. However, up to now, the total number of children infected and affected by HIV in Viet Nam remains as elusive as for the rest of the world, mainly because of the difficulties experienced in identifying children of HIV-infected adults, low coverage of HIV testing particularly for children, and the inadequacy of sentinel surveillance systems.

Table 0: Estimates of children affected by HIV/AIDS

Vulnerable groups	Quantity	Source
Estimated number of children infected with HIV (under 19)	23,400	MOH, 2005
Estimated number of children affected by HIV (excluding those most at risk of HIV infection)	283,667	MOLISA, 2003
Orphans - Double orphans - Maternal orphans - Paternal orphans	143,000 25% 43% 34%	MOLISA, 2007
	1,276,000	GSO, MIC3-2007
Children orphaned by HIV	68,874 (Range: 36,695-138,570)	UNAIDS estimates, Dec 2007
Street children	16,000	MOLISA, 2007
Children who use drugs	4,640-12,200	MOLISA, yearly Social Protection report, 2004
Children engaging in CSW	15,000-20,000	WCO, 2006
Children living in institutions	14,575	MOLISA, 2007
Trafficked children	7,000	MOLISA/Hunter, 2003

Every year, there are about 6,000 pregnant women found to be HIV positive. If they don't have access to preventive treatment, there will be about 2,000 infants with HIV having been infected by their mothers.

Figure 1: Problems among children affected by HIV/AIDS



Source: Lippincott Williams and Wilkins, cited by Williamson, 2000

3 The situation of children affected by HIV in Viet Nam

3.1 Achievements

Rapidly expanding national response to the prevention, care and treatment of HIV/AIDS: In March 2004, the Prime Minister approved the National Strategy on HIV/AIDS Prevention and Control in Viet Nam till 2010 with a vision to 2020. Emanating from the national strategy, the government developed, approved and is now implementing national plans of action on Information, Education and Behavior Change Communication in HIV Prevention and Control; Harm Reduction Intervention; HIV/AIDS Care and Treatment; HIV/AIDS Surveillance and Monitoring and Evaluation Program; the Prevention of Mother to Child HIV Transmission; and Reproductive Health and HIV/AIDS prevention education for secondary schools. In addition, a master plan for adolescent reproductive health has been approved and implementation has commenced, although with limited funding. If implemented according to schedule, HIV diagnostics, care, treatment and prophylaxis for adults and children will become available in 70% of all the districts by 2010; harm reduction will become more widely implemented, and

prevention efforts, including amongst young people between 16-18 years, will continue to expand in scale and scope.

Increasing resources and community-based initiatives for children affected by HIV: Central Government budget allocation for HIV/AIDS programs that are a part of the National Target Program for prevention of social diseases, dangerous epidemics and HIV/AIDS, has increased every year, from 60 billion VND in 2001 to 150 billion VND in 2007, not including the locally generated funds such as local government and community contributions. In addition, international donors are contributing nearly 52 million USD to the struggle against HIV/AIDS.

A growing network of non-governmental organizations (NGOs), faith based organizations (FBOs) and community based organizations (CBOs) in Viet Nam and the region work on preventing the spread of HIV – particularly but not exclusively among high risk populations - and providing care and support to children and adults affected by HIV/AIDS. Models are piloted and are ready to be reviewed and taken to scale. Local and overseas development assistance (ODA) resources to support the piloting of promising models and scale-up of successful initiatives that comprehensively address the needs of children affected by HIV continue to increase.

Family-centered HIV/AIDS care that has been expanding has many benefits. It increases the number of children and adolescents diagnosed; it facilitates a pro-active response to assessing and efficiently addressing nutritional, educational, socio-economic, and psychological needs. It reduces the family's costs in terms of time and financial resources spent on transportation, and it makes services more accessible, as one family member is already familiar with the facilities. Family centered care does not mean that the health authorities are required to provide non-medical services, but they should make recommendations for a multi-sectoral response.

Rapid economic development poses opportunities and challenges: Rapid economic development creates opportunities for better access to essential services. On a macro-economic level governments generate more revenues that may be spent on improving social welfare; at a household level disposable income and spending on education and health care increases. However, rapid economic development has also has had an impact spurring the spread of HIV. Populations become more mobile and the network of social workers is insufficient to meet society's needs -- especially those of children who are more vulnerable to abuse and exploitation. Access to social services requires a temporary or permanent residence permit that most mobile populations find hard to obtain. Temporary migration increases transmission of HIV to previously less exposed areas due to increased involvement in high-risk, casual and commercial sexual relationships.

3.2 Challenges

Improved access to available services is needed. Legal provisions in Viet Nam provide a solid basis to protect and support vulnerable children, including those affected by HIV. However, it appears that many vulnerable children – including but not limited to those affected by HIV - and their caregivers do not benefit from these provisions and have difficulties accessing free education and vocational training, free health care, free HIV care and treatment, and social grants. There are a number of access barriers. (1) Potential beneficiaries and service providers appear to have limited knowledge of existing legal provisions, and find access criteria and processes to be complex, ambiguous and at times too narrow in focus; (2) Social services are

funded either by Central Government budget, locally generated revenues, or a combination of the two. Local governments cannot meet their legal obligations to provide free social services if locally generated resources to finance them are insufficient; (3) Coverage of free services is limited and does not include other expenses such as additional tuition, educational materials, laboratory tests and transportation; and (4) Lack of confidentiality and fear of stigma and discrimination prevent potential beneficiaries to declare their HIV status, which is the basis on which they can access the benefits.

Regarding access to HIV services specifically, coverage and provincial quotas for limited anti-retroviral therapy (ART) supplies impede access, as is the case with prevention of maternal to child transmission (PMTCT), adult and pediatric HIV care and treatment and community/home-based care (CHBC). Only 14 percent of pregnant women are tested and receive their test results. Of the total number of pregnant women estimated to be positive, 14 percent access prophylactic ART to prevent mother-to-child transmission. Coverage of pediatric HIV services, particularly HIV counseling and testing, is still very low. Consequently, only a small percentage of the estimated number of HIV infected children are diagnosed and registered. Of those registered, provision and adherence to ART is good, with 93% remaining on treatment for more than 12 months. Plans are in place to greatly expand the number of districts that provide HIV diagnostic, prophylactic, care and treatment services over the next three years; but uneven geographic coverage of some interventions remains a concern. Most efforts are concentrated in high-prevalence urban areas. HIV affected children of ethnic minorities and rural populations may be less likely to be protected and receive support. In addition to coverage and quotas, uptake of diagnostic and treatment services is low because of fear of stigma and discrimination following positive diagnosis, attitudes of service providers, and ignorance about early diagnosis and treatment, and their benefits.

Young people's changing lifestyles and perceptions on, friendship, love, sex, marriage and family, are factors that may increase high risk behavior. Knowledge about reproductive health, including HIV, among young people is limited, as is the uptake of services. Research has shown that adolescents dislike the unfriendly attitudes of service providers, and – particular to HIV testing - fear exposure, isolation and social stigmatization that often results from a lack of confidentiality with test results.

Non-facility based adolescent-friendly HIV counseling and testing services are being piloted. If successful, they should be scaled up as well. What remains to be addressed is the lack of confidentiality of test results which anecdotal evidence suggests is a major obstacle to the uptake of HIV testing amongst young people.

Adolescent and child-focused psychosocial support is only provided on a small scale. There are some community based initiatives – mainly supported by the Women's and Youth Union and international NGOs – such as 'loving classes', 'help children help' and 'peer clubs for HIV/AIDS Prevention and Control' that aim to provide assistance, entertainment, psycho-social support, and facilitate re-integration in communities for adolescents and young children. Interventions require more guidance, minimum standards and scaling up.

Few HIV affected children are counseled and tested for HIV and are consequently deprived of potentially life-saving information and interventions. Anecdotal evidence suggests that parents and caregivers are often reluctant to have their children tested, partly in fear of discrimination and partly out of ignorance of the benefits of early diagnosis. Service providers are reluctant to suggest HIV testing for children, feeling ill prepared to deal with potential trauma. This situation should be addressed by building facility and community-based child-

centered HIV counseling capacity for children and caregivers - including those working with children most at risk of HIV infection; improving access to pediatric and adolescent HIV testing; and increasing confidentiality of results.

Nutritional guidelines for HIV infected children are currently not available. With 35.8% of under-fives being stunted and under-nourished and 20.2% are malnourished due to lack of protein, nutrition in Viet Nam is a challenge, even if HIV and other vulnerabilities are not taken into account. Both children infected and affected will have increased risk of stunting and wasting that require management.

Stigma and discrimination are potentially the single most important constraint to effectively preventing and mitigating the impact of HIV/AIDS in a society. Stigma and discrimination against children affected by HIV in Viet Nam is widespread both in communities and among service providers. It prevents children from claiming their right to protection and support, impedes their access to social services, creates an unstable and threatening environment, and limits their participation in society. School authorities and parents of students create barriers to accessing schooling - particularly kindergartens - and vocational training. Respondents in an assessment conducted by the Vietnamese Committee on Population, Family and Children (VCPFC) and Save the Children Alliance shared many experiences of stigma and discrimination. Children reported being shunned and bullied by classmates and discriminated against by teachers and parents of fellow students. Caregivers spoke of the difficulties of getting children enrolled and retained in schools and of the poor attitudes of health workers. Stigma and discrimination manifest themselves in three primary ways: isolation and avoidance of people living with HIV (PLHIV), so as to avoid infection; intentional marginalization by those who place moral judgment on PLHIV; and self-stigma. Stigma and discrimination in Viet Nam are rooted in misunderstanding about the three main routes of transmission, which results in fear of 'casual transmission' and in strong links to 'social evils'. People often believe that those who are HIV positive are ill because of their "socially evil" behavior. We increasingly understand the causes and damaging impacts of stigma and discrimination, and are trying to move popular perceptions away from HIV associations with social evils. In doing so, we are trying to address the many myths still prevailing regarding HIV transmission. Increasingly, communication approaches are moving away from the initial negative and fearsome images displaying direct linkages between HIV and injecting drug use and commercial sex, towards more neutral images that emphasize prevention, protection, HIV testing and tolerance towards PLHIV. People living with HIV/AIDS are becoming increasingly visible and vocal, yet much more remains to be done to sustain and reinforce these positive trends.

Alternative care and family support according to Decision 65 is slowly being implemented. Nearly all single orphans (97%) in Viet Nam are cared for by their remaining parent. An assessment conducted by the VCPFC and SC with HIV affected children suggests that the situation of children orphaned by HIV may be different. Only 59 percent of the respondents lived with one or both biological parents and 27 percent lived with their grandparents. Currently, there are very few alternative, community-based care options for those children who do not have parents or relatives able or willing to take care of them, and those who are neglected. They end up on the street, which increases their exposure to abuse, exploitation and high risk behavior, or are placed in institutions or social protection centers. Admission into institutions and social protection centers is not regulated by strict legal provisions and their placement is not regularly reviewed. Quality and quantity of food varies by institution. Nearly three-fourths (76%) of institutionalized children attend school regularly, but evidence suggests that HIV-positive children have difficulty gaining access to schools and sometimes are placed in special education programs for those with mental disabilities. Basic primary health care is

available, but only children considered at risk of being HIV-positive are tested for HIV, most often without being counseled. ART and treatment of opportunistic infections is rarely accessible and condoms are not available. HIV prevention is moralistic and delivered in ways that are not conducive to learning and understanding. HIV positive children tend to be isolated from other residents. Contact with relatives is limited and children reported profound feelings of loneliness, abandonment and lack of love. Re-integration efforts vary by institution but are generally done without the involvement of either the child or social worker.

Viet Nam has other types of institutions in addition to the social protection centers. These are rehabilitation centers for commercial sex workers and drug users, reform schools and regular prisons. Nearly half of all residents under the age of 18 in the former two types of facilities have been sexually active, and nearly one-third have used drugs. Adolescents are generally not separated from adults in the facilities, increasing their exposure to exploitation and abuse. Drug use and sexual contacts do occur in the centers, yet no harm reduction interventions are provided. This is expected to change in the near future as stipulated in the Harm Reduction and Care and Treatment NPAs. HIV prevention efforts are limited and communication methodologies need review. The quality of HIV related services in institutions is often inadequate to provide treatment, care, protection and support to HIV affected children. Referral between treatment centers and institutions are difficult and do not facilitate continuation of treatment. Again, it is expected that this will be addressed in the near future, but care must be given to child specific needs and approaches.

In order to minimize the hindrance to children's development when they are placed in institutions, the Government of Viet Nam promulgated Decision 65 to prioritize family-based care through economic support and alternative placement of vulnerable children- including those affected by HIV- into small-scale, community-based facilities. This is laudable, but unfortunately, implementation is slow.

More data on children and HIV/AIDS is needed. Data on the prevalence, characteristics and needs of children affected by HIV and the impact of interventions, is limited. More research and systematic data collection on children affected by HIV and related interventions should be conducted to provide better guidance to policy and programming.

Focus on specific needs of children in Harm Reduction. The Government of Viet Nam has acknowledged the importance of Harm Reduction (HR) interventions in preventing the spread of HIV/AIDS. The National Strategy on HIV/AIDS Prevention and Control in Viet Nam, issued in March 2004, and the Law on HIV/AIDS Prevention and Control (2006), opened the doors to HR interventions, and line ministries responded efficiently by developing a National Plan of Action. However, none of these documents mentions children.

CHAPTER II NATIONAL ACTION PLAN ON CHILDREN AFFECTED BY HIV/AIDS TO THE YEAR 2010, WITH A VISION TO 2020

I. VISION TO THE YEAR 2020

- Increase awareness and actions for the entire society on protection and care for children affected by HIV/AIDS.

- In the period 2011 - 2020, the government of Vitnam will continue to give directions to, invest in and strengthen the inter-sectoral coordination in the protection and care for children affected by HIV/AIDS.

- Ensure that children affected by HIV/AIDS will be provided with care, counseling, and access to educational and vocational support; that they will benefit from current social support policies, live safely with parents, brothers, sisters or reletives or live at alternative care institutions; ensure that children who are HIV positive are diagnosed and treated for HIV/AIDS related diseases.

II. SPECIFIC OBJECTIVES TO THE YEAR 2010

1 Objective 1: **Increase accessibility to and adequacy of health care and education services and social policies for children affected by HIV.**

Targets for the year 2010: **At least 50% of all children affected by HIV/ AIDS can access** services of health care, education and social policies according to the current regulations**.**

2 Objective 2: Ensure that services specifically required by children affected by HIV/AIDS are available, of good quality, and child-oriented.

Targets for the year 2010:

- 100% HIV positive children who are registered are properly cared for, treated and counseled;

- 100% of all HIV positive pregnant mothers and HIV positive children under six years old receive free prophylactic ART from the Government; 100% infants of HIV positive mothers are tested for HIV diagnosis right after their birth;

- 50% of facilities for adult HIV diagnosis, care and treatment provide integrated pediatric HIV diagnosis, care, treatment, and referral and support services for children infected with HIV.

- At least 30% of children affected by HIV/AIDS will be provided with_psycho-social care; community and home-based care; HIV counseling and testing; nutritional support and physical growth; early child development and care at public nursery facilities for children of nursery ages.

- 50% of educational facilities have health staff who are able to provide counseling services to HIV positive children.

- At least 50% of all HIV affected children in need of alternative care are provided with family/community based care alternatives.

- 50% of residential institutions accommodating children infected by HIV/AIDS are supported to provide HIV prevention and care services.

3 Objective 3: **Improve mechanisms for providing information, education, care, treatment and counseling for children affected by HIV/AIDS.**

Targets to the year 2010:

- 50% of all residential institutions accommodating children affected by HIV/AIDS and all HIV positive child care and treatment facilities are provided with knowledge on HIV/AIDS prevention among children;

- 50% of civil society organizations working with children affected by HIV are provided with knowledge and guidance on protection and care for HIV affected children.

- 50% of community-based managers of HIV positive children, self-help groups, children affected by HIV/AIDS at the age of 13 or above, caregivers of children affected by HIV/AIDS, social service institutions and civil society organizations are provided information about care and counseling services, current social policies and procedures for providing services to HIV/AIDS affected children.

4 Objective 4: **Create an enabling social environment for the protection and care of children affected by HIV/AIDS.**

Targets for the year 2010:

- At least 70% of managers working with children in the health care, education and social welfare sectors and those providing social services for HIV/AIDS affected children have basic knowledge of HIV transmission prevention, the law on protection, education and care of children, the Law on HIV/AIDS Prevention and Control and other related legal documents.

- At least 50% of parents, students and teachers of educational facilities are provided with information about HIV transmission prevention methods and basic knowledge on the rights of children affected by HIV/AIDS.

- At least 50% of children affected by HIV/AIDS and their caregivers are not stigmatized or discriminated when accessing health care, education and other social services.

5 Objective 5: **Improve systems for supervision, monitoring, and evaluation of the situation of children affected by HIV/AIDS.**

Targets for the year 2010:
- To complete a system of monitoring, supervision and evaluation of the situation of children affected by HIV/AIDS.

III. MAIN ACTIVITIES:

1. Study, review and promulgate legal documents and guidelines on protection and care or children affected by HIV/AIDS:

- Review existing documents, revise, amend, and/or promulgate new legal documents on protection and care for children affected by HIV/AIDS.

- Review, develop and promulgate guidelines on the provision of health care, education and social welfare for children affected by HIV/AIDS; on the coordination among governmental agencies and social civil societies in providing social services for children affected by HIV/AIDS and their caregivers; on the fight against stigma and discrimination of children affected by HIV/AIDS within systems of health care, education and social welfare; on the activities of self-help groups of PLHIV

- Develop and promulgate documents on the mechanisms of referral among public clinical units in diagnosis and treatment of HIV infected children; guide integration of pediatric HIV care and treatment into adult HIV diagnosis, care and treatment services at the provincial, city and district level; develop and issue guidelines on continuing care process applied on children affected by HIV/AIDS.

2. Establish services of protection and care of children affected by HIV/AIDS

- Reinforce the implementation of existing services on PMTCT, HIV (early) diagnosis, care, treatment and counsel for children affected by HIV/AIDS.

- Provide, support and replicate services for children affected by HIV/AIDS in terms of psycho-social care; community/home-based care; HIV counseling and testing; nutritional support and physical growth; early child development and/or day care in public nursery education facilities for children of nursery ages.

- Provide support for and monitor the implementation of referral services among public clinical units in terms of diagnosis and treatment for children affected by HIV/AIDS and continuing care process applied for children affected by HIV/AIDS.

- Monitor the implementation of prevention, diagnosis, care and treatment of HIV infected children in child care institutions.

- Provide knowledge on care of HIV affected children to families, communities and health staff of schools, vocational centers and social protection units.

3. Provide information and knowledge on protection and care of HIV/AIDS affected children:

- Provide information and knowledge for those who work with of children affected by HIV/AIDS, especially those working directly with HIV infected children and children at most risk of HIV infection.

- Develop mechanisms for strengthening the dissemination of social services and policies regarding children affected by HIV/AIDS.

4. Develop an enabling social environment so children affected by HIV/AIDS and their caregivers can access social services and participate in HIV/AIDS prevention activities:

- Develop materials to improve knowledge of relevant parties on HIV transmission, prevention, stigma and discrimination, children's rights and social responsibility for children affected by HIV/AIDS.

- Incorporate the issues of stigma and discrimination, children's rights and social responsibility relating to children affected by HIV/AIDS into training curricula for relevant service providers.

- Develop extra-training curricula on HIV prevention and RH to integrate the curricula in the curricula of the national education system.

- Create favorable conditions for PLHIV to participate in HIV prevention activities organized by local agencies of the health, education, labor and social affairs sectors.

5. Complete a system for collecting information and monitoring and evaluating the situation of children affected by HIV/AIDS.

- Complete indicators for monitoring and evaluating the situation of children affected by HIV/AIDS.

- Organize trainings on how to use tools for monitoring and evaluating interventions for children affected by HIV/AIDS for staff from health, education, labor and social affairs sectors who work in protection and care for children affected by HIV/AIDS.

IV. IMPLEMENTATION STRATEGIES

1 Social strategies

- Enhance the support and participation of the Communist Party and administration at all levels for HIV/AIDS prevention, care, treatment and support programs for children affected by HIV/AIDS.

- Health, education, labor and social affairs and other relevant sectors shall organize and develop social services for children affected by HIV/AIDS.

- Encourage organizations, individuals, PLHIV and their families to participate in HIV prevention, care and counseling for children most at risk of HIV infection and in HIV prevention, care, treatment and counseling for children affected by HIV.

- Promote and support activities to reduce stigma and discrimination towards children affected by HIV and their caregivers in accordance with the Law on HIV/AIDS Prevention and Control.

- Increase the knowledge among children affected by HIV and their caregivers, government officials and community-based organizations and individuals working with children about legal provisions, policies and services that can benefit children affected by HIV/AIDS and their caregivers.

2 Technical strategies

- Review, develop and promulgate technical procedures and guidelines, minimum standards and add new and high-quality services of HIV prevention, care and treatment services for children affected by HIV/ AIDS and their caregivers.

- Develop guidelines for and the capacity of social service providers and community-based organizations so they can recognize children affected by HIV/AIDS, and initiate and/or conduct an assessment of their needs.

- Provide essential supplies to the health, education and social welfare sector to provide quality support, counseling, prevention, care and treatment services for children affected by HIV/AIDS and their caregivers.

3 Strategies for improving managerial capability

- Improve the technical capacity of social service providers in HIV prevention, care and counseling for children affected by HIV/AIDS and their caregivers.

- Monitor and evaluate the quality of HIV/AIDS prevention, care and counseling services for children affected by HIV/AIDS and their caregivers

- Improve data collection systems to generate data on prevention, care and counseling services for children affected by HIV/AIDS and their caregivers.

4. Strategies for mobilizing resources

The budget for implementing the NPA to 2010 is mobilized from funding sources of the central and local level, international donors, community contribution and other legal financial sources. The budget is integrated in the HIV/AIDS prevention and control program under the National Target Programs to prevent and combat social diseases, dangerous epidemics and HIV/AIDS in the period 2006 – 2010; the budget is prepared in the annual spending plan of relevant ministries and national agencies and localities according to existing regulations..

CHAPTER III BUDGET ESTIMATES AND RESOURCE MOBILIZATION NEEDS FOR 2009-2010

(This was developed based on the detailed action plan of each line ministry)

The budget is integrated in the HIV/AIDS prevention and control program under the National Target Programs to prevent and combat social diseases, dangerous epidemics and HIV/AIDS in the period 2006 – 2010; the budget is prepared in the annual spending plan of relevant line Ministries, Central agencies and localities according to existing regulations.

Budget needs are a percentage of estimated cost for the short-term implementation plan (2008-2010) including the calculation of inflation rate. Budget estimates are presented below, reflecting requirements by ministry, by each specific objective of the NPA (Table 1), by cost category (Table 2) and by funding source (Table 3). A more detailed breakdown of budget needs is provided in Annex 1-3. Cost estimates are based on a review of cost norms applied by government and the international community in relevant cost categories.

It is anticipated that the state budget will be sufficient for the implementation of the short-term plan till 2010. At the same time, additional resources will be mobilized from the international community and other sources. (Budget mobilization from international community has been discussed. There have been more meetings taking place to gain commitment from donors).

Table 1: Budget needs for each key line ministry by objective

Budget needs for implementation 2009-2010 **(VND million)**								
Objectives	**MOLISA**		**MOH**		**MOET**		**TOTAL**	
	2009	2010	2009	2010	2009	2010	2009	2010
Objective 1**:** Increased the accessibility and adequacy of services of health care, education …	2,350	1,110	1,634	968	982	781	4,966	2,859
Objective 2: Ensured that services specifically required by children …	5,105	5,293	7,810	3,891	4,027	4,568	16,942	13,752
Objective 3: Improved mechanisms on information, education, care, …	2,873	3,938	4,684	2,305	2,754	495	10,311	6,738
Objective 4: Created an enabling social environment for protection…	4,171	4,922	2,976	3,228	5,698	5,708	12,032	13,869
Objective 5: Improved the system of monitoring and evaluation of…	3,923	3,747	936	2,801	936	2,801	5,795	9,349
Percent	36%	40%	36%	28%	28%	31%	100%	100%
Total plan costs	**18,386**	**19,010**	**18,039**	**13,192**	**14,396**	**14,354**	**50,046**	**46,567**
Total plan costs for 2009-2010							**97,377**	

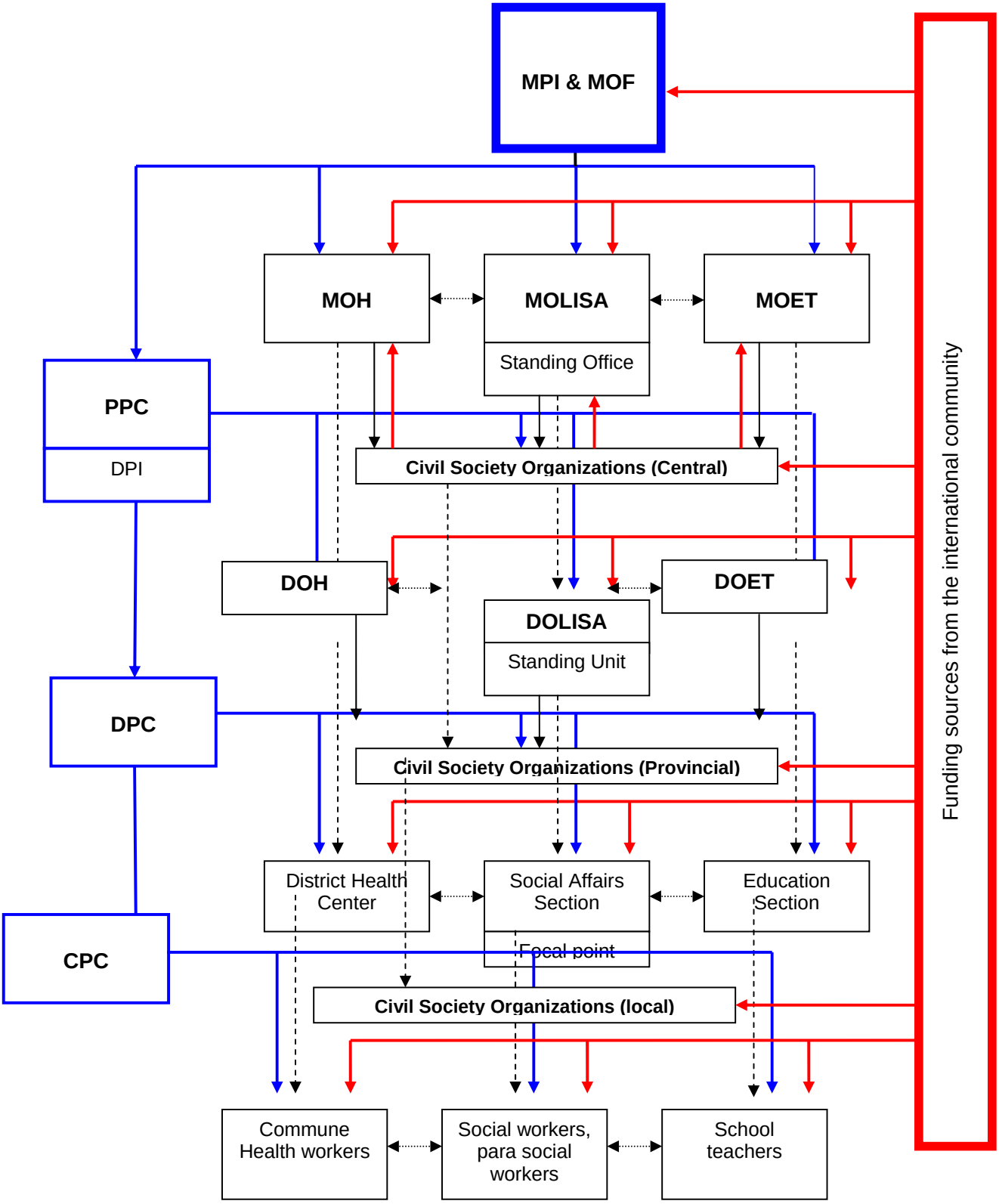
Table 2: Budget needs for each ministry by expenditure category

Budget needs for implementation 2009-2010 **(VND million)**						
Category		**MOLISA**	**MOH**	**MOET**	**TOTAL**	
		2009/ 10	2009/ 10	2009/ 10	2009/10	%
1. Consulting services	a. International	12,960	11,664	11,664	36,288	37%
	b. National	4,736	4,128	3,840	12,704	13%
2. Meetings and workshops		6,976	6,560	4,560	16,272	19%
3. Training		3,328	2,064	2,368	7,760	8%
4. Research and studies		3,280	1,600	2,800	7,680	8%
5. IEC materials		368	760	688	1,816	2%
6. Incremental operating costs		2,461	1,855	490	4,820	5%
	Base plan costs	34,109	28,631	26,410	87,340	92%
	Price contingency	3,287	2,600	2,340	7,980	8%
	Percent	38%	32%	30%	100%	100%
	Total plan costs	**37,396**	**31,231**	**28,750**	**97,377**	**100%**

Table 3: Budget by anticipated funding source

Budget needs for implementation 2009 and 2010 **(VND million)**						
Objectives	**MOLISA**	**MOH**	**MOET**	**Others**	**TOTAL**	
	2009/10	2009/10	2009/10	2009/10	2009/10	%
Objective 1: Increased the accessibility and adequacy of services of health care, education …	247	137	207	7,235	7,825	8%
Objective 2: Ensured that services specifically required by children …	803	961	535	28,394	30,694	32 %
Objective 3: Improved mechanisms on information, education, care, …	434	576	192	15,810	17,013	17 %
Objective 4: Created an enabling social environment for protection…	1,534	1,154	1,399	22,616	26,702	27 %
Objective 5: Improved the system of monitoring and evaluation of…	189	530	530	13,892	15,143	16 %
Total	**3,208**	**2,920**	**2,863**	**87,947**	**97,377**	
Percent	3%	3%	3%	90%	100%	

Figure 2: Flow of resources for NPA implementation



CHAPTER IV PROGRAM MONITORING FRAMEWORK

Table 4: Indicators for 2020 for the overall objective of the NPA

No	Indicators	How to calculate	Reporting sector	Reporting level	Frequency	Notes
	Overall Objective					
1.	% of CAA that have been provided with a minimum package of health care	Num: % CAA who are provided with a minimum package of health care(Num 1: # CAA aged 0-15 surveyed who are provided with a minimum package of health care, Den 1: # CAA aged 0-15 surveyed) Den: % non-CAA who are provided with a minimum package of health care(Num 2: # CAA aged 0-15 surveyed who are provided with a minimum package of health care, Den 2: # non-CAA aged 0-15 surveyed)	MOLISA MOH	National, provincial	Bi-Annually	
2.	% of CAA who complete lower secondary education	Num: # CAA who have completed lower secondary education. Den: # CAA at the age of lower secondary school completion	MOLISA MOET	National, provincial	Bi-Annually	
3.	% of CAA that are provided safe and protective environment	Num: # of CAA surveyed who live in small scale community-based alternative care structures and institutions accommodating children report that they are provided with a safe and protective environment Den: # of CAA surveyed who live in small scale community-based alternative care structures and institutions accommodating children	MOLISA	National, provincial	Bi-Annually	
4.	% of CAA whose basic material needs are met	Num: % CAA who has three minimum basic material needs for personal care. (Num 1: # CAA aged 5-15 who have a minimum set of three basic personal material needs. Den 1: # CAA aged 5-15) Den: % non-CAA who has three minimum basic material needs for personal care. (Num 2: # non-CAA aged 5-17 who have a minimum set of three basic personal material needs. Den 1: # non-CAA aged 5-15 surveyed)	All three sectors	National, provincial	Bi-Annually	Core indicator 1, M&E Guide*

Table 5: Indicators for 2020 for the specific objectives of the NPA

5.	% of both HIV positive pregnant women and their babies receiving a complete course of antiretroviral prophylaxis to reduce the risk of mother-to-child transmission		MOH	National, provincial	Annually	Indicator 46, M&E framework **
No	**Indicators**	**How to calculate**	**Sectors**	**Reporting level**	**Frequency**	**Notes**
	Specific Objective 1:					
1.	% children affected by HIV/AIDS (CAA) and their caregivers who are eligible for free basic social services - including health, education and social grants - access these services.	Free basic social services include free health, free education, and social grants (including access to IGA). Num: # CAA and their caregivers who are eligible and have access to the free basic social services Den: # CAA and their caregivers who are eligible for and apply for free basic social services.	All three sectors	National, provincial	Annually	
2.	Total funds that are allocated to provide free health care, education and social welfare services.	Funds: budgeted sources from government and civil society and external agencies. Total funds that are allocated to provide free health care, education and social welfare services.	All three sectors	National, provincial	Annually	
	Objective 2:					
1.	% pregnant women who have delivered in the preceding 12 months, who received HIV counseling and testing for PMTCT and received their test results	-	MOH	National, provincial	Annually	Indicator 45, M&E framework**
2.	% children who are born to HIV infected mothers receiving HIV confirmation testing before the age of 18 months.	-	MOH	National, provincial	Annually	Table 20.3, Reporting form ***
3.	% HIV positive children are who are eligible are provided life-long HIV treatment properly	Num: HIV+ children aged <16 who are eligible for and receive HIV treatment properly Den: HIV+ children aged <16 who	MOH	National, provincial	Annually	

		are eligible for HIV treatment				
4.	% of estimated number of HIV positive children who are on treatment	Num: HIV positive children on treatment Den: Estimated number of HIV positive children	MOH	National, provincial	Annually	
5.	Number province that has child-centered substance abuse counseling and treatment services	-	MOH	National, provincial	Annually	
6.	% CAA who are in need of specific services (including child-oriented psycho-social care, CHBC and/or nutritional management, ECD or day care) are provided with these services	Num: # CAA in need of any specific services is provided with these services. Den: # CAA who are in need of any specific services.	All three sectors	National, provincial	Semi-Annually (every 6 months)	
7.	# provinces which have drug addiction counsel and treatment services for children		MOH	National, provincial	Annually	
8.	% CAA who are in need of specific services (including child-oriented psycho-social care, CHBC and/or nutritional management, ECD or day care) are provided with these services	Num: # CAA in need of any specific services is provided with these services. Den: # CAA who are in need of any specific services.	All three sectors	National, provincial	Semi-Annually (every 6 months)	
9.	% of CAA who can not remain united with family, live with siblings (if any) in small scale protective community-based alternative care structures	Num: # of CAA surveyed who can not stay united with family live with siblings (if any) in small scale protective community-based alternative care structures Den: # of CAA surveyed	MOLISA	National	Semi-Annually	
10.	% residential institutions accommodating children provide quality HIV related prevention, diagnosis, care and treatment to children	Num: # residential institutions accommodating children that provide quality HIV related prevention, diagnosis, care and treatment to children Den: # residential institutions accommodating children	MOLISA	National, provincial	Semi-Annually	
	Objective 3					
11.	% beneficiaries who know of free social service policies, procedures,	Beneficiaries include parents, caregivers, CAA. Num: # beneficiaries who are aware	All three sectors	National, provincial	Semi-Annually	

	admission/provision criteria, and contents or know where to obtain this information	of free health, education and social welfare service policies, procedures, admission/provision criteria, and contents or know where to obtain this information Den: # beneficiaries.				
12.	% service providers in health, education and social welfare sectors who know of free social service policies, procedures, admission/provision criteria, and contents or know where to obtain this information	Service providers in health, education and social welfare sectors include staff and managers in health care, education and social services, case managers, self-help groups, civil society organizations working with children, parents, caregivers, and children affected by HIV/AIDS. Num: # Service providers who know of free health, education and social welfare service policies, procedures, admission/provision criteria, and contents or know where to obtain this information Den: # Service providers.	All three sectors	National, provincial	Semi-Annually	
13.	% of CAA receiving case management by government agencies or civil society organizations according to standards	Num: # of CAA receiving case management according to standards Den: # of CAA receiving case management		National, provincial, district	Bi-Annually (every two years)	
14.	% of estimated CAA receiving case management	Num: # of CAA receiving case management Den: # of estimated CAA	All three sectors	National, provincial, district	Annually	
15.	% district have at least one PLHIV self-help group that mediates access to free social services	Num: # districts that have at least one PLHIV self-help group Den: # districts	All three sectors	National, provincial, district	Annually	
	Objective 4:					
16.	% CAA and their caregivers who report not to experience discrimination in public health care, education, social welfare services and communities	Num: # CAA and their caregivers who report not to experience discrimination in public health care, education, social welfare services and communities Den: # CAA using public health care, education and social welfare services and their caregivers	All three sectors	National, provincial	Semi-Annually	
17.	% complaints about discrimination in the health care, education and social welfare sector are investigated and	Num: # complaints about discrimination in the health care, education and social welfare sector that are investigated and arbitrated Den: # complaints about	All three sectors	National, provincial	Annually	

	arbitrated	discrimination in the health care, education and social welfare sectors.				
18.	% education facilities including schools and vocational training centers incorporate age-appropriate HIV, RH, and life skills education in compulsory extra-curricula	Num: # education facilities including schools and vocational training centers that incorporate age-appropriate HIV, RH, and life skills education in compulsory extra-curricula Den: # education facilities including schools and vocational training centers.	MOET, MOLISA	National, provincial	Annually	
	Objective 5					
1.	Status of integration of M&E indicators for CAA into monitoring, evaluation and reporting systems of the health, education and social welfare sectors	-	All three sectors	National, provincial	Annually	
2.	% facilities in health, education and social welfare sectors that report correctly and in a timely manner on key indicators related to children affected by HIV/AIDS and the services with which they are provided	Facilities in health, education and social welfare sectors include HIV care and treatment facilities, education facilities, residential institutions. Num: # Service providing facilities in health, education and social welfare sectors that report correctly and in a timely manner on key indicators related to children affected by HIV/AIDS and the services with which they are provided Den: # Service providing facilities in health, education and social welfare sectors.	All three sectors	National, provincial	Annually	

Notes:

* M&E Guide: Guide to Monitoring and Evaluation of the national response for children orphaned and made vulnerable by HIV/AIDS

** M&E Framework: National HIV Monitoring and Evaluation Indicators

*** Reporting form: National Reporting forms on HIV/AODS issued together with the Decision 26 (revised)

CHAPTER V COORDINATION AND ORGANIZATION OF IMPLEMENTATION

I COORDINATION OF IMPLEMENTATION

1. The Ministry of Labor, Invalids, and Social Affairs (MOLISA) will assume a leadership role in coordinating at all administrative levels the planning, implementation, monitoring and evaluation of all interventions by government agencies and civil society organizations as stipulated in the National Plan of Action for Children affected by HIV/AIDS (Figure 3).
2. At the central level, a Coordination Committee will be established under the leadership of MOLISA. The Coordination Committee comprises of MOLISA, Ministry of Education and Training, Ministry of Health and other supportive stakeholders, including: Ministry of Finance; Ministry of Planning and Investment; the People's Committees of Cities/Provinces; Vietnam Women's Union; Ho Chi Minh Communist Youth Union; Vietnam Central Fatherland Front; representatives of PLHIV groups, civil society and the international community. The main functions of this Coordination Committee include:
    a. Fostering continual commitment from all stakeholders involved in the implementation of the NPA;
    b. Monitoring progress towards achieving the objectives set out in the NPA and responding to challenges, new data and trends;
    c. Coordinating implementation to improve effectiveness of the interventions and avoid overlap and gaps;
    d. Coordinating efforts to improve policy and guidance documents on free social services, and efforts to mobilize adequate resources to provide such services to all children affected by HIV/AIDS and their caregivers;
    e. Coordinating efforts to mobilize resources for the implementation of the NPA.
    f. Promoting the participation of and coordinating efforts among civil society groups, including PLHIV and children affected by HIV, in the implementation of the NPA.
3. At provincial level, either similar coordination committees will be established under the leadership of DOLISA, or this function will be explicitly integrated into existing coordinating bodies representing appropriate entities. Its main functions include:
    a. Fostering continual commitment from all stakeholders involved in the implementation of the NPA;
    b. Translating national objectives into provincial objectives and monitoring progress towards achieving those objectives while responding to challenges, new data and trends;
    c. Coordinating implementation to improve effectiveness of the interventions and avoid overlap and gaps;

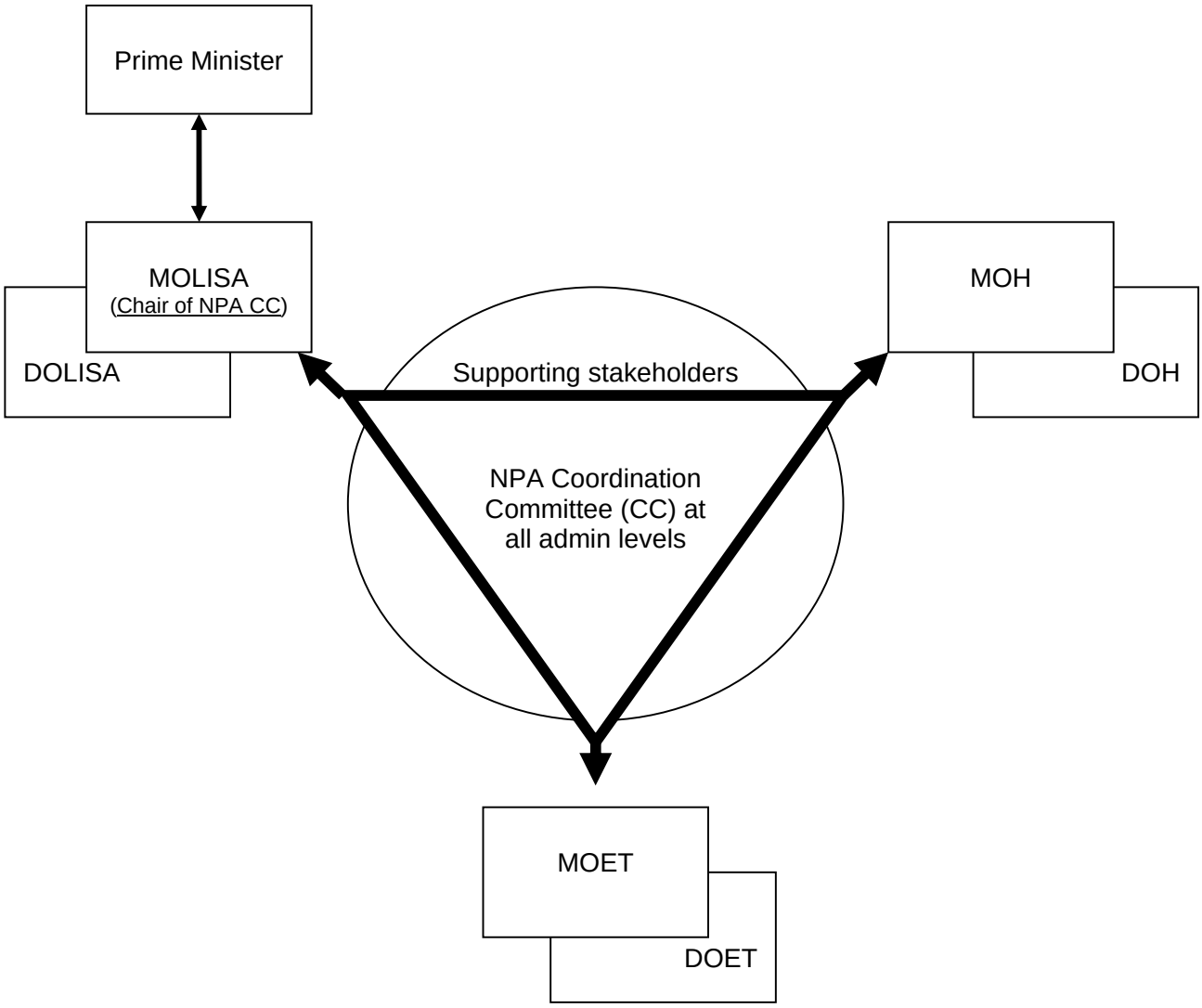
d. Coordinating efforts to mobilize local resources for the implementation of the NPA.

4. At the district and local levels, either similar coordination committees will be established under the leadership of DOLISA or this function will be explicitly integrated into existing coordinating bodies representing appropriate entities. Its main functions include fostering commitment from all stakeholders, and coordinating an inter-sectoral, comprehensive response at the district and commune levels to the needs of children affected by HIV/AIDS as identified by case managers.

II ORGANIZATION OF IMPLEMENTATION

1. **Ministry of Labor, Invalids and Social Affairs** takes a leadership role in organizing the implementation of the NPA in cooperation with MPI, MOF, MOH, other relevant ministries and provincial People's Committees; coordinates, monitors and guides the implementation of the NPA; ensures the availability of social welfare services for children affected by HIV/AIDS; evaluates the implementation of NPA and reports to the Prime Minister in Quarter III of the year 2010; develops the NPA for children affected by HIV/AIDS for the period 2010 – 2020 and submits it to the Prime Minister in Quarter IV in 2010.**.**
2. **Ministry of Planning and Investment (MPI),** in cooperation with MOLISA, takes a leadership role in integrating the activities of the NPA in activities of international cooperation programs related to HIV/AIDS prevention and control.
3. **Ministry of Finance (MOF),** in cooperation with MOLISA, takes a leadership role in guiding and monitoring related ministries/sectors and localities in their use of funding sources to implement the NPA.
4. **Ministry of Health,** in cooperation with MOLISA, takes a leadership role in implementing health care programs for children affected by HIV/AIDS; integrating the implementation of health care programs for children affected by HIV/AIDS under NPA until 2010 into the implementation of HIV/AIDS prevention and control under the National Target Programs to prevent and combat social diseases, dangerous epidemics and HIV/AIDS in the period 2006 – 2010.
5. **Ministry of Education and Training**, in cooperation with MOLISA, implements educational programs related to children affected by HIV/AIDS under the NPA.
6. **People's Committees of Centrally administered Provinces/Cities** organize the implementation of the NPA at the local levels and synthesize information about the implementation of NPA and submit it to MOLISA to report to the Prime Minister.

Figure 3: Coordination of planning, implementation, monitoring and evaluation of the NPA



ANNEXES

Annex 1 Detailed table of activities, targets and budget for Ministry of Labor, Invalids and Social Affairs for 2009-2010

Annex 2 Detailed table of activities, targets and budget for Ministry of Health for 2009-2010

Annex 3 Detailed table of activities, targets and budget for Ministry of Education and Training for 2009-2010

ANNEX 1 MOLISA - DETAILED LIST OF ACTIVITIES (2009-2010)

Objective 1: *Increaes the accessibility to and adequacy of health care and education services and social policies for children affected by HIV.*

Targets for short-term plan of action:

1. Policy and guidance documents on free social services for children affected by HIV/AIDS revised.
2. Definition of children affected by HIV/AIDS includes children under 18 years of age who are infected, affected and most at risk of HIV infection.

Indicators:

1. Status of policy and guidance documents on free social services for children affected by HIV/AIDS (reviewed, revised, finalized, promulgated).
2. Status of access criteria, access procedures, benefits, and funding mechanisms of the free social services for children affected by HIV/AIDS (availability, clearly and unambiguously defined).
3. Total financial support from government sources to provide (free) social services for children affected by HIV/AIDS and their caregivers who have applied for support (committed, budgeted, funded).
4. Status of definition of the children affected by HIV/AIDS (revised, finalized, promulgated).

Activities	**Time line and budget (VND million)**		
	2009	**2010**	**Total**
1.1 Review, revise and promulgate policy and guidance documents on free social services for children affected by HIV/AIDS, particularly access criteria and procedures, benefits, and funding mechanisms			
a. Review policy: Project/literature review (TA) Research Workshops (4): Literature review and research design Research feedback	1,950	49	1,998
b. Amend: TA to draft changes Workshops to endorse changes (2)		367	367
c. Adopt and promulgate		Phase II	
1.2 Contribute to mobilize and coordinate sufficient resources to implement policy on free social services			
a. Advocacy meetings and workshops	81	86	167
b. Study tour		280	280
1.3 Advocate for changing definition of children affected by HIV/AIDS			
a. TA and workshop	319	329	648
Sub-total Objective 1	**2,350**	**1,110**	**3,460**

Objective 2: ***Ensure that services specifically required by children affected by HIV/AIDS are available, of good quality, and child-oriented.***

Targets for short-term plan of action:

1. Complete guidelines on providing services of psycho-social care for children affected by HIV/AIDS
2. Improve capacity of those providing services of psycho-social care for children affected by HIV/AIDS

Indicators:

1. Status and quality (reviewed/drafted, piloted, revised, finalized) of guidelines and training materials that explicitly address the needs of children affected by HIV/AIDS for the following services:
   - psycho-social care
   - assessment, provision and monitoring of safe, protective and supportive alternative community-based care giving structures
   - parenting education aimed at keeping families unified
   - criteria/process, management while interned, and re-integration procedures for residential institutional care
   - establishment and monitoring of community-based ECD and/or day care facilities
   - HIV prevention, diagnosis, care and treatment in residential institutions
2. Number of trainers trained on the following services for children affected by HIV/AIDS:
   - assessing, providing and monitoring safe, protective and supportive alternative community-based care giving structure for children affected by HIV/AIDS;
   - parenting education
   - implementing revised criteria/process of management at the field and re-integration procedures for residential institutional care
   - establishment and monitoring of community-based ECD and/or day care facilities
   - HIV prevention, diagnosis, care and treatment in residential institutions

Activities	**Time line and budget (VND million)**		
	2009	**2010**	**Total**
2.1 Review and revise guidelines and training materials on psycho-social care to ensure that the needs of children affected by HIV/AIDS are explicitly and accurately addressed, and build capacity to provide this service			
a. Develop tools – TA consultant to review existing models, produce guidance/ tool kit, and develop pilot; Workshops – 6 meetings	2,641		2,641
b. Pilot test in 2 sites/ 3 provinces (These sites need to be ART districts): Introduction workshop Training: 2 trainings, including piloting training materials Coaching and coordination meetings – once every 3 months/site + TA		1,601	1,601
c. Evaluation of 15 sites (TA/VAAC team), TA Workshop to review experiences, workshop to revise and approve tools		324	324
d. Build capacity of service providers	Phase II		
2.2 Provide psycho-social care to children affected by HIV/AIDS, and monitor coverage, quality and impact	Phase II		
2.3 Review and revise guidelines and training materials on the assessment, provision and monitoring of safe, protective and supportive alternative community-based care giving structures to ensure that the needs of children affected by HIV/AIDS are explicitly and accurately addressed, and build capacity to provide this service			
a. Review existing guidelines and training materials TA to review and amend (if necessary) existing models, guidelines, and training materials;	395		395

Workshops – 3 meetings			
b. Participate in building capacity (additional resources required)	182	192	374
2.4 Review and revise guidelines and training materials on parenting education aimed at keeping families unified to ensure that the needs of children affected by HIV/AIDS are explicitly and accurately addressed, and participate in building capacity to provide this service			
a. Needs assessment	529		529
b. Review, amend, print guidelines and training materials, ensuring integration with case management TA Workshops	296	43	339
d. Build capacity		192	192
2.5 Review and revise guidelines and training materials on access criteria/process, management while interned, and re-integration procedures for residential institutional care to ensure that the needs of children affected by HIV/AIDS are explicitly and accurately addressed, and participate in building capacity to provide this service			
a. Review existing guidelines and training materials TA to review existing models, guidelines, and training materials; Workshops – 3 meetings	354	43	397
b. Participate in building capacity TOT (supplementary funds)		1,867	1,867
2.6 Implement revised institutional access, management and reintegration guidelines, and provide alternative care structures for children affected by HIV/AIDS, and monitor coverage, quality and impact	Phase II		
2.7 Review and revise guidelines and training materials for the establishment and monitoring of community-based ECD and/or day care facilities to ensure the needs of needs of children affected by HIV/AIDS are explicitly and accurately addressed, and participate in building capacity to provide this service			
a. Review existing guidelines (based on needs assessment done by MOET in 2008-2009) TA to review existing models, guidelines, and training materials; Workshops – 2 meetings	354	43	397
b. Build capacity TOT		472	472
2.8 Provide ECD and day care services to children affected by HIV/AIDS and monitor coverage, quality and impact	Phase II		
2.9 Review and revise guidelines and training materials on HIV prevention, diagnosis, care and treatment in residential institutions to ensure that the needs of children affected by HIV/AIDS are explicitly and accurately addressed			
a. Review existing guidelines (Collaborative effort with MOH) TA to review existing models, guidelines, and training materials; Workshops – 3 meetings	354	43	397
b. Build capacity TOT (Collaborative effort with MOH)		472	472
2.10 Provide HIV prevention, care and treatment in residential institutions for children affected by HIV/AIDS, and monitor coverage, quality and impact	Phase II		
Sub-total Objective 2	**5,105**	**5,293**	**10,398**

Objective 3: Improve mechanisms for providing information, education, care, treatment and counseling for children affected by HIV/AIDS.

Targets for short-term plan of action:

1. Guidelines on case management of children affected by HIV/AIDS available
2. Instruction on referral and coordination of services for children affected by HIV/AIDS available
3. A communication strategy to improve dissemination of information on free social services is ready for implementation
4. In 10 provinces, at least 5 districts/province have 1 PLHIV self-help group that are able to facilitate access to free social service for their members

Indicators:

1. Status of guidelines on case management of children affected by HIV/AIDS (drafted, piloted, revised, finalized).
2. Status of instruction regarding referral and coordination mechanisms among MOLISA/DOLISA offices and other institutions and civil society organizations that identify and provide social services to children affected by HIV/AIDS (reviewed, developed, finalized, promulgated).
3. Status of mechanisms to improve dissemination of information on free social service policies, procedures, admission/provision criteria, and content to case managers, self-help groups, children affected by HIV/AIDS, their caregivers, staff and managers of government agencies and civil society organizations that provide social service to children affected by HIV/AIDS, and local authorities (reviewed, developed, finalized, promulgated).
4. Status of guidelines and training materials on the establishment and governance of the PLHIV self-help groups (reviewed, drafted, piloted, finalized).
5. Number of districts with one PLHIV self-help group that receives technical and financial support for their establishment and governance from government or donor organizations.

Activities	**Time line and budget (VND million)**		
	2009	**2010**	**Total**
3.1 Develop and promulgate guidelines on case management of children affected by HIV/AIDS			
a. Develop tools TA to review existing tools (including referrals of 1.3), produce tool kit, and develop pilot; Workshops (02) to approve tools Workshop to approve pilot Printing	1,100		1,100
b. Pilot test in 6 sites/6 cities and/or provinces: TA Introduction workshop Training: 3 trainings x 25 participants/training, includes piloting training materials Coaching and coordination meetings – once every 3 months + TA Stipends for para-SoW (social workers)	1,231	168	1,399
c. Evaluation of pilot (TA/VAAC team), TA Workshop to review experiences, workshop to revise and approve tools		685	685
d. Revise, print, promulgate guidelines, launch	Phase II		
3.2 Develop training material and build capacity of (para) social workers in government agencies and civil society organizations, with a focus on those working with PLHIV and MARP, to provide this service	Phase II		
3.3. Include case management for children affected by HIV/AIDS in curriculum of social workers	Phase II		

3.4 Review, develop and promulgate instructions regarding referral and coordination mechanisms among MOLISA/DOLISA offices and institutions and other institutions and civil society organizations that identify and provide social services required by children affected by HIV/AIDS			
a. Review/develop instructions and guidelines (after case management pilot) TA Three workshop – including provincial representatives	354	324	678
b. Promulgate		19	19
3.5 Develop mechanisms to improve dissemination of information on free social service policies, procedures, admission/provision criteria, and content to case managers, self-help groups, children affected by HIV/AIDS, their caregivers, staff and managers of government agencies and civil society organizations that provide social service to children affected by HIV/AIDS, and local authorities			
a. Review/develop instructions and guidelines TA Three workshop – including provincial representatives	152	62	213
b. Promulgate		37	37
3.6 Provide case management to children affected by HIV/AIDS, and monitor coverage, quality and impact	Phase II		
3.7 Provide financial and technical assistance to the establishment and governance of PLHIV self-help groups, and monitor coverage and impact (guidelines, training materials by MOH)			
a. Training of non-medical facilitators (PLHIV) TA Phase 1: 10 provinces; (5 facilitators/province, 2 trainings = pilot)		516	516
b. Manage seed funds for the establishment/improvement of self-help groups Facilitators stipends/travel allowance for initial start-up phase Running costs		1,867	1,867
c. Monitor implementation TA DSA and travel		261	261
Sub-total Objective 3	**2,837**	**3,938**	**6,775**

Objective 4: *Create an enabling social environment for the protection, care and support of children affected by HIV/AIDS*

Targets for short-term plan of action:

1. Toolkit aimed at reducing stigma and discrimination within the structures of MOLISA is ready for implementation on scale.
2. Consolidate HIV, RH and life-skills developed by MOET is adapted and adopted by MOLISA for use in all MOLISA governed vocational training schools/centers.
3. Five DOLISA governed social services facilities in five provinces have successfully integrated PLHIV into their workplace.
4. 20 provinces have organized public events that involve children affected by HIV/AIDS.
5. 2 workshops conducted to disseminate information on complaints procedures for children affected by HIV/AIDS and their caregivers.

Indicators:

1. Status of toolkit on reduction of stigma and discrimination for MOLISA sector (reviewed, drafted, piloted, revised, finalized, promulgated).
2. Status of age-appropriate, consolidated HIV, RH and life-skills curricula for vocational training schools/centers governed by MOLISA (adapted, adopted as compulsory, finalized).
3. Status of guidelines on PLHIV integration in the social service sector (drafted, finalized, promulgated, implemented).
4. Number of DOLISA governed social services facilities that are utilized by PLHIV and their children that integrate PLHIV in the workplace.
5. % provinces and cities have public events organized by the social welfare sector that involve PLHIV.
6. Number of public events organized by the social welfare sector that involve PLHIV.
7. Status of guidance documents for MOLISA structures on enforcement of the Law on HIV Prevention and control (reviewed, amended, adopted, promulgated).
8. Status of mechanism to process complaints on stigma and discrimination against children affected by HIV/AIDS (reviewed, amended, finalized, promulgated).

9. Total financial support from different sources including government and private sectors and external agencies to ensure assessment to legal aid by the OVC and their caregivers (committed, budgeted, funded).

Activities	**Time line and budget (VND million)**		
	2009	**2010**	**Total**
4.1 Develop toolkit for MOLISA to improve knowledge of management, staff on HIV transmission, prevention, stigma and discrimination, children's rights and existing laws, and social responsibility for children affected by HIV/AIDS			
a. Develop toolkit: TA (national + international) to review existing tools, produce tool kit with select number of schools (1 from each pilot prove) and develop pilot Workshops: Produce toolkit: 2 workshops; 20 participants/workshop Plan pilots: 2 workshops; 20 participants/workshop	1,174		1,174
b. Pilot test in 5 sites/ 2 provinces (These sites need to be ART districts, coincide with MOLISA activities for NPA – Hanoi, HCMC, QN, +2 provinces): Introduction workshop Training: training for 25 participants/workshop Coaching – once every 3 months + TA (NGO or UN) Coordination meetings at provincial level - once every 3 months + TA (NGO or UN)	484	1,433	1,917
c. Evaluate pilot: TA/MOET team/NGO/UN conduct assessment, revise tools, draft guidance docs Workshops: Review assessment results Review and endorse tools and guidance docs		324	324
d. Promulgate tools	Phase II		
4.2 Implement toolkit in MOLISA structures, and monitor coverage and impact	Phase II		
4.3 Develop, implement and monitor a mechanism to process complaints on stigma and discrimination against children affected by HIV			
a. Review instructions for processing complaints TA Workshop to approve	93		93
b. Promulgate Develop information package Printing Workshops		347	347
c. Monitoring of implementation	Phase II		
4.4 Adapt and build capacity to teach consolidated HIV, RH and life-skills curricula developed by MOET at vocational training schools			
a. TA to review and revise curricula (developed by MOET)		99	99
b. Training of trainers	Phase II		
4.5 Create opportunities for PLHIV to work and/or volunteer in MOLISA/DOLISA workplaces			

a. Review GIPA experiences TA Workshops	244		244
b. Draft guidelines on PLHIV integration in the social welfare sector TA Workshops	314		314
c. Disseminate		80	80
d. Assist with implementation and monitor on a pilot basis TA Workshops (5 provinces x 2 meetings/year - 5 units/province)		1,103	1,103
4.6 Create opportunities for children affected by HIV/AIDS to engage voluntarily in public debate, events and training, and mobilize high- level, publicly expressed, political support for children affected by HIV/AIDS			
a. Planning events Coordination meetings in 10 provinces per year	353	373	726
b. Implementing events (lump sum) per year	1,160	939	2,099
4.7 Complete legislation on stigma and discrimination			
4.8 Review and revise guidance documents and resource allocations to ensure that children affected by HIV and their caregivers who feel their access to services and rights as stipulated in the Law on HIV Prevention and Control are violated, have access to legal aid			
a. Review and revise existing guidelines and resource allocations that regulate access to legal aid TA Workshops	349		349
b. Promulgate		19	19
c. Monitor implementation TA DSA and travel		205	205
Sub-total Objective 4	**4,171**	**4,922**	**9,093**

Objective 5: *Improve systems for supervision, monitoring and evaluation of the situation of children affected by HIV/AIDS, to inform continuing improvements in policy and programming.*

Targets for short-term plan of action:

1. Study report on vulnerable children that provides solid base-line data on the situation of children affected by HIV/AIDS
2. Monitoring, evaluation and reporting systems to generate information on the needs of - and responsiveness of policy and program to - children affected by HIV/AIDS are revised.
3. Research agenda for 2009-2011 available.
4. Services for children affected by HIV/AIDS by government and non-governmental organizations mapped.
5. Two annual meetings implemented on and with children affected by HIV/AIDS in all provinces and at national level.
6. Coordination committees functional at national level, in 20 provinces and at a select number of districts

Indicators:

1. Status of the base-line data on the situation of children affected by HI V and AIDS.
2. Status of monitoring, evaluation and reporting systems used in the education sector to monitor, evaluate and report on the needs of - and responsiveness of policy and program to

– children affected by HIV/AIDS (reviewed, amended, finalized, promulgated).
3. Status of the research agenda (research agenda formulated, status of implementation of studies, final reports available).
4. Status of maps on services for children affected by HIV/AIDS (available, up-dated).
5. Reports on annual meetings available that include data that reflects the situation of children affected by HIV/AIDS and in which children affected by HIV/AIDS have participated.
6. Regularity of meetings, and number and regularity of sectors and civil society organization represented at the national, provincial and district meetings.

Activities	**Time line and budget (VND million)**		
	2009	**2010**	**Total**
5.1 Provide additional technical and financial resources to ensure that the situation of children affected by HIV/AIDS is adequately assessed in the planned study on vulnerable children			
a. TA to review (and amend) vulnerability study design and additional funds for expanding study	2,077	324	2,401
5.2 Review and amend monitoring, evaluation and reporting to generate, analyze and disseminate data on children affected by HIV/AIDS that will inform related policy and programming responding to their needs			
a. Review existing tools and mechanisms, identify gaps, amend tools, fill gaps and promulgate TA Workshops – internal / coordination with other ministries	936	**928**	1,864
5.3 Build capacity to monitor, evaluate and report		1,873	1,873
5.4 Develop a research agenda every three years to inform policy and programming on children affected by HIV/AIDS			
a. Workshop	41		41
5.5 Establish a continually evolving mapping of services for children affected by HIV/AIDS			
a. TA to establish systems and IT solutions	273		273
b. TA to collect and process data	106	112	218
5.6 Organize yearly national and provincial meetings on and with children affected by HIV/AIDS to report progress and challenges, share experiences and the hear concerns of children affected by HIV/AIDS and their caregivers			
a. TA and workshops to assess progress, produce back ground documentation for annual workshop	490	510	1,000
5.7 Program monitoring and management of coordination	?	?	?
Sub-total	**3,923**	**3,747**	**7,669**
MOLISA Costs	**18,386**	**19,010**	**37,396**

ANNEX 2 MOH - DETAILED LIST OF ACTIVITIES (2009-2010)

Objective 1: *Increase the accessibility to and adequacy of health care and education services and social policies for children affected by HIV.*

Targets for short-term plan of action:

1. Policy and guidance documents on free health care services for children affected by HIV/AIDS revised.

Indicators:

1. Status of policy and guidance documents on free health care for children affected by HIV/AIDS (reviewed, revised, finalized, promulgated).
2. Status of access criteria, access procedures, benefits, and funding mechanisms of the free health care for children affected by HIV/AIDS (availability, clearly and unambiguously defined).
3. Total financial support from government sources to provide (free) health care for children affected by HIV/AIDS and their caregivers who have applied for support (committed, budgeted, funded).

Activities	**Time line and budget (VND million)**		
	2009	**2010**	**Total**
1.1 Review, revise and promulgate policy and guidance documents on free health care for children affected by HIV/AIDS, particularly access criteria and procedures, benefits, and funding mechanisms			
a. Review policy TA Workshops advocacy	1.280	49	1,328
b. Amend TA to draft changes Workshops to approve amendments		367	367
c. Adopt and promulgate		187	187
1.2 Contribute to mobilize and coordinate sufficient resources to implement policy on free health care			
a. Mobilization workshops TA Workshop	354	86	440
b. Study tour		280	280
Sub-total Objective 1	**1,634**	**969**	**2,602**

Objective 2: *Ensure that services specifically required by children affected by HIV/AIDS are available, of good quality and child-oriented.*

Targets for short-term plan of action:

1. Coverage of ART and OI treatment, PMTCT, Pediatric HIV related care, early infant HIV diagnosis, and adolescent RH health services increase as indicated in related NPAs.
2. National guidelines and training materials on services as listed under indicator 1 (below) that reflect the needs of children affected by HIV/AIDS and their caregivers are available.
3. All provinces have capacity to train on nutrition and growth management for HIV positive children
4. 10 service providers in 25 provinces are trained on providing nutrition and growth management for HIV positive children.
5. All provinces have capacity to train on child-oriented CHBC.
6. 40 medical and 40 non-medical CHBC service providers are trained on child-oriented CHBC in 20 provinces.
7. National guidelines and instructions on integration of pediatric and adults HV care and treatment services are available.
8. Clear referral procedures among HIV and general health care services that reflect the needs of children affected by HIV/AIDS are available.
9. Report on formative research for prevention, counseling and therapy of substance use for children affected by HIV/AIDS is available.

Indicators:

1. Coverage of ART and OI treatment, PMTCT, Pediatric HIV related care, early infant HIV diagnosis, and adolescent RH health services.
2. Status and quality (reviewed/drafted, piloted and evaluated if required, revised, finalized, adopted) of guidelines and training materials that explicitly address the needs of children affected by HIV/AIDS for the following:
    - Nutrition and growth management
    - Child-oriented (early) HIV counseling and testing
    - Psycho-social care
    - Child-oriented Community Home Based Care
    - HIV prevention, care and treatment services in residential institutions
    - Adolescent Reproductive Health care
3. Number of provinces with the capacity to train on:
    - Child-oriented CHBC
    - Nutrition and growth management
    - HIV prevention, diagnosis, care and treatment in residential institutions
4. Number of service providers trained to provide:
    - Nutrition and growth management
    - Child-oriented CHBC to children affected by HIV/AIDS (medical and non-medical service providers)
5. Status and quality of guidelines and instructions on integration of pediatric and adults HV care and treatment services (drafted, piloted, evaluated, revised, finalized, adopted).
6. Status of referral procedures among health care services required by children affected by HIV/AIDS (drafted, reviewed, amended, implemented, evaluated).
7. Status of formative research report for prevention, counseling and therapy of substance use for affected by HIV/AIDS (research conducted, final report available, strategy drafted, finalized, adopted).

Activities	**Time line and budget (VND million)**		
	2009	**2010**	**Total**
2.1 Expand coverage of **quality** services such as: - ART and OI treatment - PMTCT - Pediatric HIV related care, particularly at facilities providing adult ART - Early HIV diagnosis (e.g. PCR, DBS) - Adolescent RH health care services that include HIV counseling and testing			

(No additional funds allocated in this NPA – already allocated in related NPA s)			
2.2 Review and revise guidelines and training materials on nutrition and growth management of PLHIV to ensure the needs of HIV positive children are explicitly and accurately addressed, and participate in building capacity to deliver this service			
a. Review guidelines and training materials on nutrition for children infected by HIV – TA to review literature, draft guidelines and develop toolkit Workshops (3) to review and approve Print and launch	1.303		1,303
b. Training of trainers: 64 provinces, 3 days 64 prov (2 TOT p/p, 3 training)	312	279	592
c. Training of service providers: Phase 1: 25 provincial, each province 2 units, each unit 2 people – 4 training)		383	383
d. Training of community organizations	Phase II		
2.3 Provide nutritional and growth management to children affected by HIV/AIDS, and monitor coverage, quality and impact	Phase II		
2.4 Review and revise guidelines and training materials on HIV counseling and testing to ensure that the needs of children affected by HIV/AIDS are explicitly and accurately addressed, and participate in building capacity to deliver this service			
a. Review guidelines and training materials on HIV testing for children infected by HIV – TA to review literature, draft guidelines, develop pilot Workshops (3) to review and approve Print	756		756
b. Pilot test in 8 sites/ 2 provinces (These sites need to be ART districts, coincide with MOLISA activities for NPA): Introduction workshop: Training: 2 training 20 participants each, includes piloting training materials Coaching and coordination meetings – once every 3 months + TA	606	30	636
c. Evaluation of 8 sites (consultant/VAAC team), TA Workshop to review experiences, workshop to revise and approve tools		324	324
d. Capacity development	Phase II		
2.5 Provide confidential, child-oriented HIV counseling and testing services to children affected by HIV/AIDS in appropriate settings, and monitor coverage, quality and impact	Phase II		
2.6 Review and revise guidelines and training materials on psycho-social care to ensure the needs of children affected by HIV/AIDS are explicitly and accurately addressed, and participate in building capacity of service providers to deliver this service			
a. Review guidelines TA Workshops Printing	941		941
b. Capacity building	Phase II		
2.7 Provide psycho-social care to children affected by HIV/AIDS, and monitor coverage, quality and impact	Phase II		
2.8 Review and revise referral procedures among health care services, including pediatric ART and palliative care, pediatric, maternity, RH, and TB services, and routine child and adolescent health care services such as growth monitoring, EPI, nutrition management, STI treatment and condom distribution, and other services as they become available (psycho-socio care, HR etc.), to ensure that the needs of children affected by HIV/AIDS are explicitly and accurately addressed			
a. Review and amend (if necessary) existing referral guidelines on HIV care and treatment referrals – (Mostly funded through NPA C&T and PMTCT) TA to ensure pediatric referrals are correctly document	941		941

b. Evaluation of referrals among relevant health care services and HIV care and treatment services TA/MOH to ensure pediatric referrals are functional Workshop to feedback results		324	324
2.9 Develop and promulgate guidelines and instructions for the integration of pediatric HIV diagnosis, care and treatment with adult HIV diagnosis, care and treatment at city and district level			
a. Develop operational guidelines minimum standards of integrating pediatric HIV care in adult care – consultant to review literature/experiences and draft guidelines, workshops TA to review literature, draft guidelines Workshop (3) Print	941		941
b. Implement on small scale and evaluate TA (monitor/supervise implementation in 10 provinces) Feed-back workshop		324	324
2.10 Monitor coverage, quality and impact of referral procedures and integration of pediatric and adult HIV related care on children affected by HIV/AIDS	Phase II		
2.11 Participate in ongoing capacity building efforts to provide child-oriented CHBC (guidelines already being produced)			
a. Review and develop training materials TA Workshop Printing	458		458
b. Training of trainers: TA Phase 1: 20 provinces; (2 TOT p/p, 2 trainings, TA, meeting costs)- medical staff 20 provinces – non medical staff		624	624
c. Training of (medical/non-medical) service providers: (potentially integrated with 3.2.1 and 3.2.2) Phase 1: 20 provinces, each province 2 units, each unit 2 people trained (4 training courses)		332	332
2.12 Provide child-oriented CHBC, and monitor coverage, quality and impact	Phase II		
2.13 Review and revise ARH guidelines and training materials to ensure that the needs of children affected by HIV/AIDS are explicitly and accurately addressed, and participate in building capacity to provide this service			
a. Review and amend (if necessary) ARH guidelines and training materials TA Review workshops	314		314
b. Build capacity	Phase II		
2.14 Review and revise guidelines and training materials on HIV prevention, diagnosis, care and treatment services in residential institutions that accommodate children to ensure that the needs of children affected by HIV/AIDS are explicitly and accurately addressed, and participate in building capacity to deliver these services			
a. Review guidelines, training materials, and instructions (Collaborative effort with MOLISA) TA Preparatory workshops Workshop feed-back results	354		354
b. Amend		43	43
c. Build capacity (Collaborative effort with MOLISA) Training (TOT)		295	295
2.15 Participate in providing child-oriented HIV prevention, care and treatment services in all residential institutions to children affected by HIV/AIDS, and monitor coverage, quality and impact	Phase II		

2.16 Develop and implement of an evidence-based strategy for prevention, counseling and therapy of substance abuse for children affected by HIV/AIDS			
a. Conduct formative research to assess the dimensions of substance use among children and existing capacity to prevent and address it	882	500	1,382
b. Draft strategy for prevention, counseling and therapy of substance abuse for children affected by HIV/AIDS		433	**433**
Sub-total Objective 2	**7,810**	**3,891**	**11,701**

Objective 3: *Improve mechanisms for providing information, care, treatment and counseling for children affected by HIV/AIDS*

Targets for short-term plan of action:

1. Guidelines on case management of children affected by HIV/AIDS are available for application within the health care sector and partner civil society organizations.
2. Instructions on referral and coordination mechanisms among health care and other social services for children affected by HIV/AIDS are available.
3. A communication strategy to improve dissemination of information on free social services within the health care sector is ready for implementation.
4. 50 facilitators of PLHIV self-help groups trained
5. In 10 provinces, at least 5 districts have 1 PLHIV self-help group that uses the guidelines.

Indicators:

1. Status of guidelines on case management of children affected by HIV/AIDS (drafted, piloted, revised, finalized, adopted).
2. Status of instruction regarding referral and coordination mechanisms among health care services and other institutions and civil society organizations that identify and provide social services to children affected by HIV/AIDS (reviewed, developed, finalized, promulgated).
3. Status of mechanisms to improve dissemination of information on free social service policies, procedures, admission/provision criteria, and content within the health care sector (reviewed, developed, finalized, promulgated).
4. Status of guidelines and training materials on the establishment and governance of the PLHIV self-help groups (reviewed, drafted, piloted, finalized, adopted).
5. Number of facilitators of self-help groups trained.
6. Number of PLHIV self-help group that use the guidelines.

Activities	**Time line and budget (VND million)**		
	2009	**2010**	**Total**
3.1 Develop and promulgate guidelines on case management of children affected by HIV/AIDS:			
a. Develop tools TA to review existing tools (including referrals of 1.3), produce tool kit, and develop pilot Workshops to approve toolkit for piloting	918		918
b. Pilot test in 15 sites/ 5 provinces: TA Introduction workshop Training: 2 training 25 participants each, includes piloting training materials Coaching and coordination meetings – once every 3 months + TA	1,469	134	1,603
c. Evaluation of 15 sites (TA/VAAC team), TA Workshop to review experiences, workshop to revise and approve tools		342	342
3.2 Develop training materials and build capacity of relevant health care workers to serve as case managers for children affected by HIV/AIDS	Phase II		

3.3 Review, develop and promulgate instructions regarding referral and coordination mechanisms between health services and other institutions and civil society organizations that identify and provide social services required by children affected by HIV/AIDS			
a. Review/develop instructions and guidelines National TA Three workshop – including provinces reps	134	43	177
b. Promulgate	35		35
3.4 Develop mechanisms to improve dissemination of information on free social service policies, procedures, admission/provision criteria, and content to case managers, self-help groups, children affected by HIV/AIDS, their caregivers, staff and management of medical facilities at all levels and institutions of the health care system			
a. Review and amend existing systems TA Workshops	668		668
b. Promulgate		93	93
3.5 Provide case management for children affected by HIV/AIDS, and monitor coverage, quality and impact	Phase II		
3.6 Develop and promulgate guidelines on the establishment and governance of PLHIV self-help groups			
a. Review models of self-help groups and draft guidelines TA for project/literature review Technical committee meeting - 2 Workshops	656		656
b. Promulgate – big launch	88		88
3.7 Provide financial and technical assistance to the establishment and governance of PLHIV self-help groups, and monitor coverage, and impact			
a. Develop training materials (overlap with 1.1.b): TA/VAAC team – development and piloting Pilot training materials Review workshop Approval workshop Printing of training materials	716		716
b. Training of medial-facilitators: TA Phase 1: 10 provinces; (5 facilitators/province, 2 trainings = pilot)		460	460
c. Supportive supervision for the application of guidelines (lump sum) Facilitators stipends/travel allowance for initial start-up phase Running costs/seed money to start up self-help groups		934	934
d. Technical back stopping TA DSA + travel		299	299
3.8 Include case management in the curricula of appropriate health care providers	Phase II		
Sub-total Objective 3	**4,684**	**2,305**	**6,989**

Objective 4: *Create an enabling social environment for the protection and care of children affected by HIV/AIDS*

Targets for short-term plan of action:

1. Capacity to apply toolkit aimed at reducing stigma and discrimination within the structures of MOH is available in 20 provinces.
2. Toolkit has been implemented in 2 health facilities frequented by children affected by HIV/AIDS in 20 provinces.
3. Five health care facilities in five provinces have successfully integrated PLHIV into their workplace.
4. Curricula of medical professionals include training on stigma and discrimination, and the right of children affected by HIV/AIDS and their caregivers.
5. 20 provinces have organized public events that involve children affected by HIV/AIDS. Clear policy and guidance documents on stigma and discrimination of children affected by HIV/AIDS and their caregivers in the health sector are available.

Indicators:

1. Status of toolkit on reduction of stigma and discrimination for health sector (adopted and promulgated).
2. Number of provinces with capacity to implement toolkit on reduction of stigma and discrimination.
3. Number of facilities that have applied the toolkit on reduction of stigma and discrimination.
4. Status of guidelines on PLHIV integration in the health sector (drafted, finalized, promulgated, implemented).
5. Number of health care facilities that are utilized by children affected by HIV/AIDS and their caregivers that integrate PLHIV in the workplace.
6. Status of medical school curricula that includes training on stigma and discrimination, and the right of children affected by HIV/AIDS and their caregivers (reviewed, revised, finalized, adopted, applied).
7. Number of public events organized by the health care sector that involve PLHIV.
8. Status of policy and guidance documents on non-discrimination in the health sector (reviewed, amended, adopted, promulgated).

Activities	**Time line and budget (VND million)**		
	2009	**2010**	**Total**
4.1 Provide training to increase awareness, and improve attitudes and behaviors for health staff and civil servants in the health sector towards people affected by HIV/AIDS			
a. Review, amend (if children not specifically integrated), and adopt ISDS training package on S&D in health sector TA - Short consultancy to review materials, detailed roll-out plan Workshop – accept roll-out plan Printing	111		111
b. Training of trainers/facilitators: 64 provinces, 3 days Phase 1: 20 provinces; (5 TOT p/p, 4 trainings, TA, meeting costs	372		372
c. Apply toolkit in facilities: TA Phase 1: 2 facilities in 20 provinces (40 facilities)		732	732
4.2 Participate in reviewing medical school curricula to ensure training on stigma and discrimination and the rights of children affected by HIV/AIDS is included			
a. Review and revise TA Workshops	240		240
4.3 Create opportunities for PLHIV to work and/or volunteer in clinical settings			
c. Review GIPA experiences	239		244
d. Draft guidelines on PLHIV integration in the health sector TA	314		314

Workshops			
c. Disseminate Workshop - launch Printing		80	80
d. Assist with and monitor implementation TA Workshops (5 province x 2 meetings/year - 5 units/province) Supervision		1,103	1,103
4.4 Review and enforce policy on non-discrimination in health facilities			
a. Review and amend TA Workshops	182		182
b. Promulgate			
4.5 Create opportunities for children affected by HIV/AIDS to engage voluntarily in public debate, events and training, and mobilize high-level, publicly expressed, political support for children affected by HIV/AIDS			
a. Planning meetings for events Coordination meetings in 10 provinces per year	358	379	726
b. Implementing events (lump sum) 10 provinces per year	1,160	939	2,099
Sub-total Objective 4	**2,976**	**3,288**	**6,203**

Objective 5: *Improve systems for supervision, monitoring and evaluation of the situation of children affected by HIV/AIDS.*

Targets for short-term plan of action:

1. Monitoring, evaluation and reporting systems to generate information on the needs of - and responsiveness of policy and program to - children affected by HIV/AIDS are revised.
2. Capacity to train on revised monitoring, evaluation and reporting systems in all districts.

Indicators:

1. Status of monitoring, evaluation and reporting systems used in the health care sector to monitor, evaluate and report on the needs of - and responsiveness of policy and program to – children affected by HIV/AIDS (reviewed, amended, finalized, promulgated).
2. Number of DOH staff trained on revised monitoring, evaluation and reporting systems.

Activities	**Time line and budget (VND million)**		
	2009	**2009**	**Total**
5.1 Review and amend monitoring, evaluation and reporting to generate, analyze and disseminate data on children affected by HIV/AIDS that will inform related policy and programming responding to their needs			
a. Review existing tools and mechanisms, identify gaps, amend tools and fill gaps TA Workshops – internal / coordination with other ministries	901	**928**	1,829
b. Promulgate	35		35
5.2 Build capacity to monitor, evaluate and report			
a. Build capacity TOT 650 provinces x 3 days x 2 participants		1,873	1,8736
Sub-total Objective 5	**936**	**2,801**	**3,737**
MOH Costs	**18,039**	**13,192**	**31,231**

ANNEX 3 MOET - DETAILED LIST OF ACTIVITIES - 2009-2010

Objective 1: *Increase the accessibility to and adequacy of health care and education services and social policies for children affected by HIV.*

Targets for short-term plan of action:

1. Policy and guidance documents on free education for children affected by HIV/AIDS revised.

Indicators:

1. Status of policy and guidance documents on free education for children affected by HIV/AIDS (reviewed, revised, finalized, promulgated).
2. Status of access criteria, access procedures, benefits, and funding mechanisms of free education for children affected by HIV/AIDS (availability, clearly and unambiguously defined).
3. Total financial support from government sources to provide free education for children affected by HIV/AIDS who have applied for support (committed, budgeted, funded).

Activities	**Time line and budget (VND million)**		
	2009	**2010**	**Total**
1.1 Review, revise and promulgate policy and guidance documents on free education for children affected by HIV/AIDS, particularly access criteria and procedures, benefits, and funding mechanisms			
a. Review policy: TA Workshops (4): Literature review and research design Research feedback	628		628
b. Amend: TA to draft changes Workshops to endorse changes (2) National assembly approval process		367	367
c. Promulgate		49	49
1.2 Contribute to mobilize and coordinate sufficient resources to implement policy on free education			
a. Mobilization workshops TA Workshop	354	86	440
b. Study tour		280	280
Sub-total Objective 1	**982**	**781**	**1,763**

Objective 2: Ensure that services specifically required by HIV affected children are available, of good quality and child-oriented.

Targets for short-term plan of action:

1. National guidelines and training materials on services as listed under indicator 1 (below) are available.
2. National guidelines and training materials for school-based psycho-social counseling are piloted.
3. Build capacity of 240 school health staff in 20 provinces to provide care to HIV positive children.
4. Regulation on response to students exhibiting behavior that may lead to expulsion or drop-out revised

Indicators:

1. Status and quality (reviewed/drafted, piloted if required, revised, finalized, adopted) of guidelines and training materials that explicitly address the needs of children affected by HIV/AIDS for the following:
   - Care for HIV positive children by school health staff
   - Establishment and management of public, community-based and private ECD and day care services
2. Status and quality (needs assessment conducted, guidelines drafted, pilot completed) of guidelines and training materials for school-based psycho-social counseling that explicitly address the needs of children affected by HIV/AIDS.
3. Number of provinces with the capacity to train school health staff on caring for HIV positive children.
4. Number of schools health staff trained to care for HIV positive children.
5. Status of regulation on response to students exhibiting behavior that may lead to expulsion or drop-out (reviewed/drafted, revised, finalized, adopted).

Activities	**Time line and budget (VND million)**		
	2009	**2010**	**Total**
2.1 Build capacity for school health staff to care for HIV positive children (medical care, adherence, nutrition, universal precaution)			
a. Amend guidelines for school nurses to include care for HIV/AIDS: TA to review and revise existing guidelines Workshops: Internal MOET to review draft national guidelines Coordination with MOH Approval of national guidelines Promulgate	314		314
b. Capacity development for HIV in schools: TA to develop training materials Training of trainers: Phase 1: 20 provinces;		249	249
c. Training of nurses in schools: Phase 1: (10 trainings)		870	870
2.2 Implement school health care for HIV positive children, and monitor coverage, quality and impact	Phase II		

2.3 Review and revise guidelines and training materials on school-based psycho-social counseling to ensure the needs of children affected by HIV/AIDS are explicitly and accurately addressed, and build capacity to provide this service			
a. Needs assessment and feasibility study – Research	1,763		1,763
b. Develop tools: TA (national + international) to review existing tools, produce tool kit with select number of schools (1 from each pilot province) and develop pilot Workshops: Produce toolkit: 2 workshops for 20 participants Plan pilots: 2 workshops for 20 participants		784	784
c. Pilot test in 15 sites/ 5 provinces (These sites need to be ART districts, coincide with MOLISA activities for NPA): TA Introduction workshop Training: 2 x training for 25 participants each Coaching – once every 3 months + TA (NGO or UN?) Coordination meetings at provincial level - once every 3 months		1,454	1,454
d. Evaluate pilot	Phase II		
e. Build capacity	Phase II		
2.4 Provide psycho-social counseling in the education system for children affected by HIV/AIDS, and monitor coverage, quality and impact	Phase II		
2.5 Include psycho-socio counseling in teacher training curricula	Phase II		
2.6 Review and revise guidelines and training materials on the establishment and management of public ECD and day care services to ensure the needs of children affected by HIV/AIDS are explicitly and accurately addressed, and build capacity to provide this service			
a. Needs assessment	1,322		1,322
b. Review and amend existing ECD guidelines, standards and policies on inclusive education TA :review and amend policies, guidelines and programs Workshops: Two internal MOET to review draft national guidelines, including provincial representatives, and revisions in policies		367	367
c. Promulgate		37	37
d. Capacity building	Phase II		
2.7 Provide ECD and day care services to children affected by HIV/AIDS, and monitor coverage, quality and impact	Phase II		
2.8 Review and revise guidelines on the establishment and monitoring of community-based and private ECD and/or day care facilities to ensure the needs of children affected by HIV/AIDS are explicitly and accurately addressed			
a. Review and amend existing ECD guidelines, standards and policies on inclusive education TA to review and amend policies, guidelines and programs Workshops: Two internal MOET to review draft national guidelines, including provincial representatives, and revisions in policies		324	324
b. Promulgate		80	80

2.9 Review and amend regulations and measures relating to the education sector's response to students exhibiting behavior that may lead to expulsion or drop-out			
a. Review and amend policy: TA - Project/literature review Workshops	628	324	951
b. Promulgate – launch Printing Promulgate (3 workshops)		80	80
2.10 Implement revised regulation and measures on students exhibiting behavior that may lead to expulsion or drop-out, and monitor quality and impact on retention of such children	Phase II		
Sub-total Objective 2	**4,027**	**4,568**	**8,595**

Objective 3: *Improve mechanisms for providing information, education, care, treatement and counseling for children affected by HIV/AIDS*

Targets for short-term plan of action:

1. National guidelines on case management of children affected by HIV/AIDS are available for application in all sub-sectors of the education system.
2. Instruction on referral and coordination mechanisms among educational facilities and other social services for children affected by HIV/AIDS are available.
3. A communication strategy to improve dissemination of information on free social services within the education system is ready for implementation.

Indicators:

1. Status of guidelines on case management of children affected by HIV/AIDS for the education system (drafted, piloted, revised, finalized).
2. Status of instruction regarding referral and coordination mechanisms among education facilities and other institutions and civil society organizations that identify and provide social services to children affected by HIV/AIDS (reviewed, developed, finalized, promulgated).
3. Status of mechanisms to improve dissemination of information on free social service policies, procedures, admission/provision criteria, and content within the education system (reviewed, developed, finalized, promulgated).

Activities	**Time line and budget (VND million)**		
	2009	**2010**	**Total**
3.1 Develop and promulgate guidelines on case management of children affected by HIV/AIDS:			
a. Develop tools: TA (national + international) to review existing tools, produce tool kit with select number of schools (1 from each pilot provincial) and develop pilot Workshops: Produce toolkit: 2 workshops Plan pilots: 2 workshops	908		908
b. Pilot test in 15 sites/ 5 provinces (These sites need to be ART districts, coincide with MOLISA activities for NPA – Hanoi, HCMC, QN, +2 provinces): TA Introduction workshop Training: 2 x training for 25 pers Coaching – once every 3 months Coordination meetings at provincial level - once every 3 months	1,398	134	1,532

c. Evaluate pilot	Phase II		
3.2 Develop training materials and build capacity of staff in educational facilities to serve as case managers of children who perform below standard, have poor attendance or exhibiting behavior that may lead to expulsion or drop-out	Phase II		
3.3 Review, develop and promulgate instructions regarding referral and coordination mechanisms among educational facilities and other institutions and civil society organizations that identify and provide social services required by children affected by HIV/AIDS			
a. Review/develop instructions and guidelines (after pilot) National TA Three workshop – including provincial representatives	354	324	678
b. Promulgate	37		37
3.4 Develop mechanisms to improve dissemination of information on free social service policies, procedures, admission/provision criteria, and content to case managers, children affected by HIV/AIDS, their caregivers, staff and management of school across all sub-sectors of the education system			
a. Review/develop instructions and guidelines National TA Three workshop – including prov. reps	93		93
b. Promulgate			
3.5 Provide case management for children affected by HIV/AIDS, and monitor coverage, quality and impact	Phase II		
3.6 Include case management in teacher training curricula and training materials for teachers	Phase II		
Sub-total Objective 3	**2,764**	**496**	**3,249**

Objective 4: *Create an enabling social environment for the protection and care of children affected by HIV/AIDS*

Targets for short-term plan of action:

1. Toolkit aimed at reducing stigma and discrimination within all sub-sectors of the education system is ready for implementation on scale.
2. Consolidated HIV, RH and life-skills curriculum is evaluated and ready for approval as compulsory curriculum in secondary schools and vocational training facilities.
3. Age-appropriate HIV, RH and/or life-skills curricula for ECD and primary schools are developed and ready for piloting.
4. Five primary, secondary or vocational training schools in five provinces have successfully integrated PLHIV into their workplace.
5. Guidelines on implementation of the Law on HIV Prevention and Control are available for application across all sub-sectors of the education system.
6. Guidelines on revised education inspection procedures that include an assessment of efforts to address the needs of children, who exhibit behaviors that may lead to expulsion and drop-out and interventions to care for, support, and address stigma and discrimination towards children affected by HIV/AIDS are available for application by all sub-sectors of the education system.
7. 20 provinces have organized public events that involve children affected by HIV/AIDS.

Indicators:

1. Status of the toolkit (reviewed/drafted, revised, finalized, adopted).
2. Number of secondary schools and vocational training facilities that have made the consolidated HIV, RH and life-skills curriculum compulsory.
3. Status of development of Age-appropriate HIV, RH and life-skills curriculum is developed and adopted as compulsory by MOET for use by all sub-sectors of the education system (drafted/revised, finalized for piloting).
4. Number of school that have integrated PLHIV.
5. Status of guideline on implementation of the Law on HIV Prevention and Control across all sub-sectors of the education system.
6. Status of education inspection guidelines (reviewed/drafted, revised, finalized, adopted).
7. Number of public events organized by the education care sector that involve PLHIV.

Activities	Time line and budget (VND million)		
	2009	2010	Total
4.1 Develop toolkit on HIV to improve knowledge of management, staff, teachers, students and parents on HIV transmission, prevention, stigma and discrimination, children's rights and existing laws, and social responsibility for children affected by HIV/AIDS			
a. Develop toolkit: TA (national + international) to review existing tools, produce tool kit with select number of schools (1 from each pilot province) and develop pilot Workshops: Produce toolkit: 2 workshops Plan pilots: 2 workshops	1,174		1,174
b. Pilot test in 5 sites/ 2 provinces (These sites need to be ART districts, coincide with MOLISA activities for NPA – Hanoi, HCMC, QN, +2): TA Introduction workshop Training: training for 25 participants each Coaching – once every 3 months + TA Coordination meetings at provincial level - once every 3 months	378	60	438
c. Evaluate pilot: TA/MOET team/NGO/UN conduct evaluation, revise tools, draft guidance docs Workshops: Review evaluation results Review and endorse tools and guidance docs		324	324
d. Promulgate tools Printing Launching workshop		320	320
4.2 Implement and/or include the application of the toolkit in the schedule of awareness raising activities in educational facilities, and monitor coverage and impact	Phase II		
4.3 Review and develop consolidated, age-appropriate HIV, RH and life skills curricula that reflect the needs of children affected by HIV/AIDS, and advocate to make such education compulsory across all sub-sectors of the education system			
a. Improve age-appropriate curricula on HIV TA Workshops	901	928	1,829
b. Printing		93	93
c. Pilot curricula	Phase II		
4.4 Provide complementary support to review and ensure teaching capacity on HIV, RH and life skills training	Phase II		
4.5 Support the integration of consolidated age-appropriate HIV, RH and life skills education into teacher training curriculum	Phase II		
4.6 Create opportunities for children affected by HIV/AIDS to engage voluntarily in public debate, events and training, and mobilize high- level, publicly expressed, political support for children affected by HIV/AIDS			
a. Planning events Coordination meetings – 10 provincial per year	353	373	726

b. Implementing events (lump sum) 10 provinces per year	1,160	939	2,099
4.7 Create opportunities for PLHIV to work and/or volunteer in educational facilities			
e. Review GIPA experiences	244		244
f. Draft guidelines on PLHIV integration in the education sector TA Workshops	314		314
c. Disseminate		80	80
d. Assist and monitor TA Workshops (5 prov/2xmeetp/y-5 units/province) Supervision		1,103	1,103
4.8 Develop and promulgate guidelines to implement the Law on HIV Prevention and Control across all sub-sectors of the education system, particularly relating to discrimination			
a. Develop guidelines (on-going)	587	604	1,191
b. Disseminate			
4.9 Revise and promulgate education inspection guidelines to include inspection of efforts to address the needs of children who exhibit behaviors that may lead to expulsion and drop-out and interventions to care for, support, and address stigma and discrimination towards children affected by HIV/AIDS			
a. Review and amend education inspection guidelines: TA to review tools and amend the guidelines Workshop: First draft Second draft and endorsement	587	698	1,285
b. Promulgate		93	93
Sub-total Objective 4	**5,698**	**5,708**	**11,406**

Objective 5: *Improve systems for supervision, monitoring and evaluation of the situation of children affected by HIV/AIDS, to inform continuing improvements in policy and programming.*

Targets for short-term plan of action:

1. Monitoring, evaluation and reporting systems to generate information on the needs of - and responsiveness of policy and program to - children affected by HIV/AIDS are revised.
2. Capacity to train on revised monitoring, evaluation and reporting systems in all districts.

Indicators:

1. Status of monitoring, evaluation and reporting systems used in the education sector to monitor, evaluate and report on the needs of - and responsiveness of policy and program to – children affected by HIV/AIDS (reviewed, amended, finalized, promulgated).
2. Number of DOET staff trained on revised monitoring, evaluation and reporting systems.

Activities	Time line and budget (VND million)		
	2009	**2010**	**Total**
5.1 Review and amend monitoring, evaluation and reporting to generate, analyze and disseminate data on children affected by HIV/AIDS that will inform related policy and programming responding to their needs			
a. Review existing tools and mechanisms, identify gaps, amend tools and fill gaps TA Workshops – internal / coordination with other ministries	901	**928**	1,829
b. Promulgate	35		35
5.2 Build capacity to accurately monitor, evaluate and report			
a. Build capacity TOT 650 districtsx3daysx2paxUS20		1,873	1,873
Sub-total Objective 5	**936**	**2,801**	**3,737**
MOET total cost	**14,396**	**14,354**	**28,760**