Survey Response Details

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Response Details

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1) Country

Viet Nam (0)

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Please enter in DD/MM/YYYY format

31/03/2010

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8) Describe the process used for NCPI data gathering and validation:

This report was prepared with broad participation from Government, development partners and civil society. Planning for the report began in July 2009 with the development of a road map for an extensive consultation process. A total of 17 Government agencies, over 200 civil society

organizations (self-help groups, faith-based organizations, non-governmental organizations and international non-governmental organizations), business enterprises, bilateral, multilateral and United Nations (UN) agencies were involved in the preparation of this report. A number of consultants were engaged to support the UNGASS writing team led by the Viet Nam Administration of AIDS Control (VAAC) and consisting of a local non-governmental organization (NGO) and UNAIDS Viet Nam. Local consultants facilitated the collection of data for Indicators 1, 3-25 and NCPI Part A. Without a National AIDS Spending Assessment or National Health Account to draw on, a health economist supported VAAC to collect national AIDS spending data. Whilst incomplete, the data collected and presented in this report is the most comprehensive expenditure data available to date. In November 2009 the NCPI Part A questionnaire was sent to members of the National Committee for AIDS, Drugs and Prostitution Prevention and Control. Seventeen Government agencies responded and participated in a consensus meeting on 17 December 2009. While the whole NCPI Part A questionnaire was sent out to all, Government agencies only filled in the sections relevant to their work. Of particular note is the consultation and data collection process of the National Composite Policy Index (NCPI) Part B questionnaire A public tender for a local NGO to facilitate data collection for NCPI Part B and civil society organization (CSO) participation in the overall process was made in September 2009. The Institute for Social Development Studies (ISDS), on behalf of the Viet Nam Civil Society Platform on AIDS (VSCPA) successfully secured this tender. ISDS held three preparatory meetings, two in Ha Noi and one in Ho Chi Minh City, in October and November 2009. The aims of these preparatory sessions were to raise awareness of the UNGASS process, provide guidance on the questionnaire and familiarize participants with its content and purpose. At these meetings, partners picked up copies of an ‘UNGASS collection’ in Vietnamese that included extracts of the Declaration of Commitment, highlights of the 2008 report, NCPI Part B questionnaire, guidelines on indicators and the NCPI Part B process, and information outlining the consultation process. After the meetings, participants returned to their constituencies to share this information and collect inputs. Following the preparatory meetings, a series of consultation meetings (two in Ha Noi and one in Ho Chi Minh City) were held in late November and early December to gather CSO inputs and complete the NCPI Part B questionnaire. In total, 179 people representing 179 social organizations from 34 provinces throughout the country participated in the six meetings. These organizations included self-help groups, faith-based organizations and local NGOs. Participants at each consultation meeting selected a nine-member civil society task force, made up of people living with HIV, people who inject drugs, men who have sex with men, sex workers, and faith-based organizations to represent them at the NCPI Part B consensus meeting in Ha Noi on 11 December 2009. International NGOs, the Joint UN Team on HIV and business enterprises attended separate NCPI Part B consultation meetings, while NCPI B questionnaire was sent to the bilaterals to collect their inputs. At each meeting participants reached consensus and completed the NCPI Part B questionnaire. In the end there were six completed questionnaires representing the different constituencies. The NCPI Part B consensus meeting was held on 11 December 2009. At this meeting, facilitated by ISDS, representatives from civil society organizations, business enterprises, bilateral, multilateral and Joint UN Team on HIV engaged in a frank discussion wherein representatives of key populations at higher risk debated confidently with development partners. Together the 16 meeting participants combined the experiences of people living with HIV and working at the local level with the perspectives of partners working at the policy level and financing the response and reached a consensus on the NCPI Part B questionnaire. The last step in the consultative process was the National Consensus Meeting for the overall UNGASS progress report in Ha Noi, hosted by VAAC on 11 March 2010. The goal of this meeting was to present the UNGASS findings and give participants an opportunity to review and validate the draft report. Sixty-one participants from 28 organizations representing Government, development partners and civil society were present. Civil society participants were drawn from the task force, who selected five individuals to represent them. Participants provided inputs to the narrative and reviewed the overall report. Amended report, based on the comments received, was then submitted through the Ministry of Health to the National Committee on AIDS, Drugs and Prostitution Prevention and Control for approval. The 2008 UNGASS preparation process stimulated unprecedented engagement between Government and civil society. The lessons learned from Viet Nam’s 2008 UNGASS report informed the preparation of this report. One of the benefits of this process was that CSOs had an opportunity to measure and report on their activities and see how these fitted into the national response. It also served to raise participants’ awareness of their rights and responsibilities

and to meet, discuss and strengthen their relationships. Since the first UNGASS report in 2003, the role of civil society in the national response has grown and is widely acknowledged. The 2010 Country Progress Report is testament to this achievement

9) Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

The consensus meeting on NCPI Part A was held on 17 December 2009 to give an opportunity for representatives from government agencies to discuss and agree on the NCPI Part A. The NCPI Part B consensus meeting was held on 11 December 2009. At this meeting, facilitated by ISDS, representatives from civil society organizations, business enterprises, bilateral, multilateral and Joint UN Team on HIV engaged in a frank discussion wherein representatives of key populations at higher risk debated confidently with development partners. Together the 16 meeting participants combined the experiences of people living with HIV and working at the local level with the perspectives of partners working at the policy level and financing the response and reached a consensus on the NCPI Part B questionnaire.

10)

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

None

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11)

NCPI - PART A [to be administered to government officials]

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	Department of HIV, STI Surveillance, Monitoring and Evaluation- Viet Nam Administration of HIV/AIDS Control	Dr Phan Thu Huong/Head	A.I, A.II, A.III, A.IV, A.V

12)

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Department of Treatment- Viet Nam Administration of HIV/AIDS Control		A.I, A.II, A.III, A.IV, A.V
Respondent 3	Department of Harm Reduction- Viet Nam Administration of HIV/AIDS Control		A.I, A.II, A.III, A.IV, A.V
Respondent 4	Department of Communication and Community Mobilization- Viet Nam Administration of HIV/AIDS Control		A.I, A.II, A.III, A.IV, A.V
Respondent 5	Office of Viet Nam Administration of HIV/AIDS Control		A.I, A.II, A.III, A.IV, A.V
Respondent			

Respondent 6	Department of Legislation- Ministry of Health	A.I, A.II, A.III, A.IV, A.V
Respondent 7	Department of International Cooperation- Ministry of Health	A.I, A.II, A.III, A.IV, A.V
Respondent 8	Department of Administration and Criminal Laws- Ministry of Justice	A.I, A.II, A.III, A.IV, A.V
Respondent 9	Department of Social Evils Prevention and Control- Ministry of Labor, Invalids, and Social Affairs	A.I, A.II, A.III, A.IV, A.V
Respondent 10	Department of student's welfares – Ministry of Education and Training	A.I, A.II, A.III, A.IV, A.V
Respondent 11	Department of Health- Ministry of Transportation	A.I, A.II, A.III, A.IV, A.V
Respondent 12	Department of Health – Ministry of Public Security	A.I, A.II, A.III, A.IV, A.V
Respondent 13	Department of Social Affairs- National Assembly	A.I, A.II, A.III, A.IV, A.V
Respondent 14	Department of Health- Ministry of National Defense	A.I, A.II, A.III, A.IV, A.V
Respondent 15	Viet Nam General Confederation of Labor	A.I, A.II, A.III, A.IV, A.V
Respondent 16	Department of Debt Management and Foreign Finance- Ministry of Finance	A.I, A.II, A.III, A.IV, A.V
Respondent 17	National Institute of Hygiene and Epidemiology	A.I, A.II, A.III, A.IV, A.V
Respondent 18		
Respondent 19		
Respondent 20		
Respondent 21		
Respondent 22		
Respondent 23		
Respondent 24		
Respondent 25		

13)

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

	Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1	Vietnam Civil Society Platform on AIDS	Khuat Thi Hai Oanh/Representative	B.I, B.II, B.III, B.IV

14)

			Respondents to Part B

	Organization	Names/Positions	[Indicate which parts each respondent was queried on]
Respondent 2	Hy Vọng group – Bac Kan		B.I, B.II, B.III, B.IV
Respondent 3	Hoa Hướng Dương group- Cao Bang		B.I, B.II, B.III, B.IV
Respondent 4	Sao Đêm group- Cao Bang		B.I, B.II, B.III, B.IV
Respondent 5	Tia nắng mới group- Dien Bien		B.I, B.II, B.III, B.IV
Respondent 6	Hoa Hướng Dương group – Dien Bien		B.I, B.II, B.III, B.IV
Respondent 7	Empathy Club in Thanh Yen commune- Dien Bien		B.I, B.II, B.III, B.IV
Respondent 8	Hoa Sim Tím group- Mường Ăng district- Dien Bien		B.I, B.II, B.III, B.IV
Respondent 9	Centre for Community Development- Dien Bien		B.I, B.II, B.III, B.IV
Respondent 10	Small and Medium Size Enterprise Centre- VCCI Ho Chi Minh City		B.I, B.II, B.III, B.IV
Respondent 11	Minh Chau Garment Company- Ho Chi Minh City		B.I, B.II, B.III, B.IV
Respondent 12	Vietso Petro Vung Tau- Vung Tau		B.I, B.II, B.III, B.IV
Respondent 13	Centre for Health and Labor- Ministry of Transportation		B.I, B.II, B.III, B.IV
Respondent 14	Nam Trieu Ship Company- Hai Phong		B.I, B.II, B.III, B.IV
Respondent 15	UNAIDS		B.I, B.II, B.III, B.IV
Respondent 16	UNICEF		B.I, B.II, B.III, B.IV
Respondent 17	UNODC		B.I, B.II, B.III, B.IV
Respondent 18	WHO		B.I, B.II, B.III, B.IV
Respondent 19	PEPFAR/U.S Government		B.I, B.II, B.III, B.IV
Respondent 20	Embassy of Demark		B.I, B.II, B.III, B.IV
Respondent 21	Embassy of the United States of America		B.I, B.II, B.III, B.IV
Respondent 22	Embassy of the United Kingdom		B.I, B.II, B.III, B.IV
Respondent 23	Embassy of Australia		B.I, B.II, B.III, B.IV
Respondent 24	Embassy of the Netherlands		B.I, B.II, B.III, B.IV
Respondent 25	USAID HIV Workplace Project		B.I, B.II, B.III, B.IV

15) If the number of respondents to Part B is more than 25, please enter the rest of respondents for Part B in below box.

IOM, ILO, FHI, Abt Associates, Care International, Catholic Relief Services, Adventist Development and Relief Agency, Healthright International, Pathfinder, Pact Viet Nam, Phương Phương chân trời

mới Club- Ha Giang, Women's Health Centre- Hanoi , Mặt trời của bé group- Hanoi, Ước mơ xanh - Hanoi, LIVE - Hanoi, Centre for Consulting and Supporting for families of poor children in rural areas- Hanoi , Empathy Club 2- Nhan Chinh Ward- Hanoi , Empathy Club 1- Nhan Chinh Ward- Hanoi, Empathy Club – Khuong Trung Ward- Hanoi, Empathy Club - Thanh Xuân Trung Ward- Hanoi, Empathy Club – Kim Giang Ward- Hanoi, Empathy Club – Ha Dinh Ward- Hanoi, Khát vọng sống group- Hanoi, Thế giới mới group – Hanoi, Ước mơ tuổi trẻ group - Hanoi, Project for Truck Drivers- Hanoi, CEPHAD - Hanoi, CERAC- Hanoi, VNMTS- Hanoi, Bạn tình Long Biên - Hanoi, Bright Future- Hanoi, Cát Trắng - Hanoi, Bầu trời xanh group - Hanoi, Bồ Câu - Hanoi, Sức Mới - Hanoi, Về nhà- Hanoi, Gạch đầu dòng - Hanoi, Nơi Bình Yên - Hanoi, CERAC - Hanoi, CIHP - Hanoi, Bạn tình- Hai Ba Trung - Hanoi, Centre for Legal Aids and Healthcare- Hanoi, AIDS Association- Hanoi, Bright Future- Ha Tinh, Vòng tay bè bạn 1 – Hai Phong, Vòng tay bè bạn 2 – Hai Phong, Young Women Fight against HIV - Hai Phong, Thuỷ Triều Club - Hai Phong, Cỏ Ba Lá - Hai Phong, Sức trẻ - Hai Phong, Mothers and Wives Club-Ha Ly Ward- Hai Phong, Women's Self-help group- Kien Thuy district - Hai Phong, Women's Self-help group- Kien Thuy district - Hai Phong, Gia Đình Trẻ (Young Family) Club - Hai Phong, Khát Vọng Sống (Desire to live)- Kiến An District- Hai Phong, Mothers and Wives Club-Nghia Xa Ward- Le Chan district- Hai Phong, Mothers and Wives Club-Trai Chuoi Ward- Hong Bang district- Hai Phong, Hương Lúa Club - Hai Phong, Trương Sơn Xanh - Hai Phong, Lotus 1 - Hai Phong, Lotus 2 - Hai Phong, Tình Biển- Hai Phong, Sóng biển Đồ Sơn - Hai Phong, Sống để yêu - Đồ Sơn - Hai Phong, Đất cảng Hai Phong, Women's Self help Group- Hai Phong, Biển Xanh Club- Hai Phong, Anh - Em, Hương hồi Xứ Lạng Voluntary Club - Lạng Son, Hy vọng Club- Lạng Son, Hoa Hồi 1 – Lạng Son, Hoa Hồi 3 Văn Quang Lạng Son, Vì ngày mai Club- Lang Son, Chân trời mới – Lao Cai, Bồ Câu Trắng - Lao Cai, Bright Future Quỳ Hợp – Nghe An , Bright Future- Nghe An, Bright Future- Ninh Binh 2, Bright Future- Ninh Binh 1, Khát Vọng Tình thương - Ninh Binh, Bright Future- Phu Tho, Hòn gai – Quang Ninh, Post Detoxification- Cam Pha- Quang Ninh, Young Women- Cam Pha - Quang Ninh, Bright Future Van Don - Quang Ninh, Bright Future Quan Lạn - Quang Ninh, Đất mỏ Quang Hanh - Quang Ninh, Bình minh Hạ Long - Quang Ninh, Vì ngày mai Uong Bi - Quang Ninh, Hoa Bất Tử Vân Đồn - Quang Ninh, Bright Future Đông Triều - Quang Ninh, QNP+ - Quang Ninh, Nhóm Một ngày mới - Thanh Hoa, Hong Duc University- Thanh Hoa, Thân Thiện Club- Thanh Hoa, Hướng tới tương lai – Thai Binh, Chuông Ban Mai - Thai Binh, Hoa Cỏ May - Thai Binh, Thắp sáng niềm tin - Thai Binh, Bright Future- Thai Binh, Trà Lý Xanh - Thai Binh, Bright Future- Kiến Thuy - Thai Binh, Mạng lưới hy vọng - Thai Binh, Bright Future- Thai Nguyen 1, Bright Future- Thai Nguyen 2, Bright Future- Ninh Xa – Bac Ninh, Bright Future- Hy Vọng – Bac Ninh, Bright Future -Bac Ninh 1, Bright Future Tre xanh – Bac Ninh, Cùng chia sẻ - Hoa Binh, Lotus- Hoa Binh, Hoà Bình Xanh - Hoa Binh, Bright Future Hải Ninh – Hai Duong, Hải Dương Xanh Club - Hai Duong, Bright Future Chí Linh - Hai Duong, Đồng Quê - Hai Duong, Bright Future Hai Duong, Bright Future Hà Nam, Bông Điên Điển – An Giang, Tình Bạn Long Xuyên - An Giang, Hy Vọng- An Giang , Alliance NT&567 in Ho Chi Minh City, Niềm Tin Đất Mũi - Ca Mau, Adamzone – Can Tho, Chung Sức - Can Tho, Đồng Hành - HCM, Cầu vồng – Da Nang, Committee for Reception and Coordination of aids for HIV prevention- Da Nang , Yêu Thương phục vụ - Da Nang, Những người bạn- Da Nang, Cầu Vồng Tương Lai - Da Nang, Ước mơ - Da Nang, Công Đoàn Hi Vọng - Da Nang, Ánh Sao Đêm - Da Nang, Bạn và Tôi – Dong Nai, Mai Hy - Dong Nai, Mai Hoa clinic - Dong Nai, Tình bạn- Biên Hòa - Dong Nai, Hue Diocese , HIV program of Buddhism Congregation in Hue , Tay Trong tay – Khanh Hoa, Hoa Biển - Nha Trang, Muôn sắc mầu - Nha Trang, CKT Club- Nha Trang – Khanh Hoa, Ban Mai Xanh Club – Lam Dong, Hy vọng- Long An, Tình thương Club – Quang Nam, Đồng Cảm Club- Quang Nam, Ban Mai Club - Quang Nam, Đồng Cảm Club - Bình Trị commune - Quang Nam, Tình Bạn – Soc Trang, Mầu xanh - HCM, Southern Selfhelp group network - HCM, SPN+ - HCM, Nụ cười - HCM, Tiếng Vọng - HCMC, Vươn lên - HCM, Cây Điệp - HCM, Đồng Đội - HCM, Đồng Tâm Intergroup - HCM, Năng Động - HCM, Tình Thương - HCM, Online - HCM, Rocker - HCM, Sức Sống - HCM, Tình Thân network - HCM, Vui Sống - HCM, Niềm Tin - HCM, Nắng Mai 2 - HCM, Nắng Mai 1 - HCM, Tình Bạn 1 - HCM, Tình Bạn 2 - HCM, Tình Bạn 3 - HCM, Tình Bạn 4 - HCM, Tình Bạn 5 - HCM, Tình Bạn network- HCM, Vì ngày mới 1 - HCM, Vì ngày mới 2 - HCM, Caritas Viet Nam - HCM, Dieu Giac Consulting and Support Centre for Community- HCM, Alliance NT & 567 in HCMC, Asia Travel Company- Ho Chi Minh City, Dai Viet Garment Company- Ho Chi Minh City, Khai Duyen Ltd. Company- An Giang, Can Tho Chamber of Commerce and Industry- Can Tho, PangGa MeKong Seafood Company- Can Tho, Businesswomen Council- VCCI, Swedfong Company- Hanoi, Winter & Spring Knitwear Company- Hanoi, Dai Duong Mechanics and Electricity Company- Hanoi, Ha Tu

Coal Mine- Quang Ninh, Ha Tay Employers' Council- Hanoi, Traditional Handicraft Village Association- Hanoi, HEMICO- Hanoi, Transportation Association- Hanoi, Viet Nam Cooperative Society Alliance- Hanoi, Kim Bia Beer Company- Hanoi, Viet Nam General Corporation of Steels, Viet Nam Corporation of Coals and Minerals , Viet Nam Petrol & Gas Corporation, Centre for Health, Environment, and Labor- Ministry of Industry, Nghe An Chamber of Commerce and Industry , Viet Lao Joint Stock Company for Tourism and Economical Cooperation- Nghe An, Nghe An Transportation Company, Young Businessmen Association- Hai Phong, Small and Medium Size Enterprise Centre- Hai Phong

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16)

Part A, Section I: STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2)

Yes (0)

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17) **Part A, Section I: STRATEGIC PLAN**

Question 1 (continued)
Period covered:

2004-2010

18)

1.1 How long has the country had a multisectoral strategy?

Number of Years

06

19)

1.2 Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	Yes
Labour	Yes	Yes
Transportation	Yes	Yes
Military/Police	Yes	Yes
Women	Yes	Yes
Young people	Yes	Yes
Other*	Yes	Yes

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20) **Part A, Section I: STRATEGIC PLAN**

Question 1.2 (continued)
If "Other" sectors are included, please specify:

Justice, Information – Communication, Planning and Investment, Agriculture and Rural Development, Finance, Trade and Industry, Farmers' Union, National Assembly Committee on Social Affairs, Ho Chi Minh Communist Youth Union Central Committee, Office of the Government, Committee for Ethnic Minorities, War Veterans Association, Vietnam Fatherland Front Central Committee, and Vietnam Customs

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21)

Part A, Section I: STRATEGIC PLAN

1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?

Target populations	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex workers	Yes
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	Yes
Settings	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes
Cross-cutting issues	
k.HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

22)

1.4 Were target populations identified through a needs assessment?

Yes (0)

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23)

Part A, Section I: STRATEGIC PLAN

Question 1.4 (continued)
IF YES, when was this needs assessment conducted?

Please enter the year in yyyy format

2003

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24)

Part A, Section I: STRATEGIC PLAN

1.5 What are the identified target populations for HIV programmes in the country?

- Drug users - Female sex workers - Men who have sex with men - Pregnant women - Young people - Orphans and other vulnerable children - People living with HIV - People living in remote and disadvantaged regions - Migrant workers and mobile populations - STI patients

25)

1.6 Does the multisectoral strategy include an operational plan?

Yes (0)

26)

1.7 Does the multisectoral strategy or operational plan include:

a. Formal programme goals?	Yes
b. Clear targets or milestones?	Yes
c. Detailed costs for each programmatic area?	Yes
d. An indication of funding sources to support programme?	Yes
e. A monitoring and evaluation framework?	Yes

27)

1.8 Has the country ensured "full involvement and participation" of civil society* in the development of the multisectoral strategy?

Moderate involvement (0)

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28)

IF NO or MODERATE involvement, briefly explain why this was the case:

Civil society has participated in the development of the multisectoral strategy through providing written comments and recommendations on the draft and direct contribution in meetings where the draft was examined and revised. Nonetheless, at the time the National Strategy on HIV/AIDS Prevention and Control in Vietnam was developed in 2003, the contribution of PLHIV was limited. In addition, the capacity of these groups in HIV prevention and control was still limited.

29)

1.9 Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?

Yes (0)

30)

1.10 Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?

Yes, all partners (0)

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31)

Part A, Section I: STRATEGIC PLAN

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?

Yes (0)

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32)

Part A, Section I: STRATEGIC PLAN

2.1 *IF YES*, in which specific development plan(s) is support for HIV integrated?

a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	Yes
d. Sector-wide approach	Yes
e. Other: Drugs and prostitution prevention and control; Child protection; Gender equality; National Health Programme	Yes

33)

2.2 *IF YES*, which specific HIV-related areas are included in one or more of the development plans?

HIV-related area included in development plan(s)	
HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
HIV impact alleviation	Yes
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support	Yes

Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support	Yes
Reduction of stigma and discrimination	Yes
Women's economic empowerment (e.g. access to credit, access toland, training)	Yes
Other: Care and protection of children; Prevention and control of drugs and prostitution	

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34)

Part A, Section I: STRATEGIC PLAN

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?

Yes (0)

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35)

Part A, Section I: STRATEGIC PLAN

3.1 *IF YES*, to what extent has it informed resource allocation decisions?

3 (3)

36)

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?

Yes (0)

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37)

Part A, Section I: STRATEGIC PLAN

4.1 *IF YES*, which of the following programmes have been implemented beyond the pilot stage to reach a signifi cant proportion of the uniformed services?

Behavioural change communication	Yes
Condom provision	No
HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Other: Prevention and control of drugs and prostitution	Yes

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38)

Part A, Section I: STRATEGIC PLAN

Question 4.1 (continued)
If HIV testing and counselling *is provided* to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):

- There is mandatory HIV testing in the recruitment process for soldiers and other specific positions in the national defense and security forces. - People who are exposed to HIV are given HIV counselling and testing

39)

5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?

Yes (0)

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40)

Part A, Section I: STRATEGIC PLAN

5.1 *IF YES,* for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. Prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: HIV-infected children or children born to HIV-infected parent(s)	Yes

41)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

- The Law on HIV includes several articles protecting PLHIV from stigma and discrimination . The government has enacted decrees guiding the implementation of the Law and introduced sanctions for violations. Depending on the nature and degree of the violations, there are corresponding sanctions ranging from administrative penalties to criminal trials. - There are legal clinics providing advice and counselling on the Law on HIV. They also monitor the implementation of the Law. - At present, the Ministry of Health is developing a draft decree on penalties for administrative violations of the Law on HIV.

42)

Briefly comment on the degree to which these laws are currently implemented:

- Moderate, unable to generate maximum effect.

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43)

Part A, Section I: STRATEGIC PLAN

6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?

No (0)

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44)

Part A, Section I: STRATEGIC PLAN

7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

Yes (0)

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45)

Part A, Section I: STRATEGIC PLAN

7.1 Have the national strategy and national HIV budget been revised accordingly?

Yes (0)

46)

7.2 Have the estimates of the size of the main target populations been updated?

Yes (0)

Page 25

47)

Part A, Section I: STRATEGIC PLAN

7.3 Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?

Estimates of current and future needs (0)

48)

7.4 Is HIV programme coverage being monitored?

Yes (0)

Page 26

49)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (continued)
(a) IF YES, is coverage monitored by sex (male, female)?

No (0)

50)

(b) IF YES, is coverage monitored by population groups?

Yes (0)

Page 27

51)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (b) (continued)
IF YES, for which population groups?

- Drug users - Female sex workers - Military recruits - Pregnant women - Ethnic minority people - Patients with AIDS-related illnesses - People living with HIV - Men who have sex with men

52)

Briefly explain how this information is used:

- The information is input into software programmes for estimation and projection, and is analysed by international and national experts. The data is then used during the policy-making process and development of intervention programmes. - The information is also used for performance evaluation and to determine obstacles during the implementation of intervention measures, as well as priorities for intervention. - The information is used for developing targets of the National Programme on HIV Prevention and Control. - The information is used as evidence for policy-making and resource allocation.

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53) **Part A, Section I: STRATEGIC PLAN**

Question 7.4 (continued)
(c) Is coverage monitored by geographical area?

Yes (0)

Page 29

54)

Part A, Section I: STRATEGIC PLAN

Question 7.4 (c) (continued)
IF YES, at which geographical levels (provincial, district, other)?

- Provincial - District - Commune

55)

Briefly explain how this information is used:

- The information is used for policy-making, planning, and allocation of resources to prioritize areas with a large number of PLHIV; and for future demand estimation and projection.

56)

7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

Yes (0)

Page 30

57)

Part A, Section I: STRATEGIC PLAN

Question 7.5 (continued)
Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?

9 (9)

58)

Since 2007, what have been key achievements in this area:

- The action plans have been developed in detail, with allocated budget, - Plans are developed based on evidence, with more specific objectives, and in accordance with a common framework, - The annual work plans are submitted on time to the Vietnam Administration of AIDS Control (VAAC) by ministries, sectors and local agencies, - There has been a monitoring and evaluation framework for the HIV programme to measure and evaluate intervention activities and provide evidence for policy-making, resource allocation, and intervention planning, - Allocated budget has been spent based on the agreed activities, - The proportion of expired ARV is low due to appropriate planning, distribution and use of drugs, - The capacity and competence of planning staff in most provinces has been improved, - Evaluations of the National Strategy on HIV/AIDS Prevention and Control in 2004-2010 are in progress, and the National Strategy on HIV/AIDS Prevention and Control in 2011-2020 are now being developed, - The human and material resources have been enhanced.

59)

What are remaining challenges in this area:

- Data is insufficient with somewhat limited quality, - In some provinces, the management and planning capacities of staff in charge of HIV prevention and control are still constrained due to the

lack of specialized staff and/or new and poorly trained staff, - Lack of resources resulting in the inability to meet the demand of expanding coverage of intervention programmes.

Page 31

60)

Part A, Section II: POLITICAL SUPPORT

1. Do high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?

President/Head of government	Yes
Other high officials	Yes
Other officials in regions and/or districts	Yes

61)

2. Does the country have an officially recognized national multisectoral AIDS coordination body (i.e., a National AIDS Council or equivalent)?

Yes (0)

Page 32

62)

2.1 IF YES, when was it created?

Please enter the year in yyyy format

1994

63)

2.2 IF YES, who is the Chair?

Name	Truong Vinh Trong
Position/title	Deputy Prime Minister

64)

2.3 IF YES, does the national multisectoral AIDS coordination body:

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	No
include the private sector?	No
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	Yes

review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

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65)

Part A, Section II: POLITICAL SUPPORT

Question 2.3 (continued)
If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?

Please enter an integer greater than or equal to 1

24

66)

If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?

Please enter an integer greater than or equal to 1

4

Page 34

67)

Part A, Section II: POLITICAL SUPPORT

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?

Yes (0)

Page 35

68)

Part A, Section II: POLITICAL SUPPORT

Question 3 (continued)
IF YES, briefly describe the main achievements:

- The Law on HIV has been widely disseminated and better understood among the general populations; other laws and policies of the government have also been propagated and communicated more broadly; and the rights of PLHIV are protected more effectively, - The government has created more favorable conditions and provided technical and financial assistance to civil society to participate in HIV prevention and control. In 2009, governmental agencies collaborated and actively worked with international organizations and civil society to develop a

Round 9 proposal submitted to the Global Fund. This dual track proposal was successful, with approximately USD17 million allocated to HIV prevention and control activities implemented by civil society, - Organizations and individuals have been encouraged to participate in HIV prevention and control; and more funds have been allocated for HIV prevention and control activities, - People living with HIV are given better care and support, - More and more enterprises, including private ones, have actively participated in HIV prevention and control, - Civil society has actively taken part in and provided technical support to several foreign aid projects.

69)

Briefly describe the main challenges:

- Insufficient budget for activities, - Lack of proper mechanism to mobilize enterprises for HIV prevention and control, - Limited capacity of civil society.

70)

5. What kind of support does the National AIDS Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	Yes
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Development of preferential taxation policies and other favorable ones, allocation of fund for HIV-related activities	Yes

71)

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National AIDS Control policies?

Yes (0)

Page 36

72)

Part A, Section II: POLITICAL SUPPORT

6.1 IF YES, were policies and laws amended to be consistent with the National AIDS Control policies?

Yes (0)

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73)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)
IF YES, name and describe how the policies / laws were amended:

- The Law on Drugs Prevention and Control. Until 2007, this Law stipulated that people found in possession of needles/syringes were considered to be violating the law. In 2008, the Law on Drugs was amended making it more consistent with the Law on HIV. - In 2009, the National Assembly approved amendments to the Criminal Code, abolishing Article 199 on illegal use of narcotics and Article 20 on complicity in illegal use of narcotics because these provisions hindered HIV prevention and control. - The health insurance beneficiaries have expanded to include PLHIV. - Circular No.125 and Joint Circular No.147 guides the implementation of treatment schemes for PLHIV in prisons and 05/06 centres. - Legal documents providing for preferential treatment and support for enterprises employing PLHIV and former drug users (land use tax exemption, reduction of income tax and other policies) are being reviewed and revised. - The Ordinance on Prostitution Prevention and Control is now being reviewed and revised.

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74)

Part A, Section II: POLITICAL SUPPORT

Question 6.1 (continued)
Overall, how would you rate the political support for the HIV programmes in 2009?

10 (10)

75)

Since 2007, what have been key achievements in this area:

- Several normative documents have been amended, supplemented and/or newly enacted in accordance with the Law on HIV/AIDS Prevention and Control - The National Committee for AIDS, Drugs and Prostitution Prevention and Control has intensified its monitoring on provincial HIV prevention and control activities - Awareness of managers in both governmental agencies and enterprises has been enhanced helping them to participate more actively and deliberately in HIV prevention and control activities - The Law on Drugs has been amended - Strong commitments and guidance from the Party and the State are in place - Active participation of the civil society in HIV prevention and control - Guiding documents of the Party, National Assembly and Government have been enacted, creating favorable conditions for the implementation of HIV prevention and control - Other ministries and sectors have actively collaborated with the Ministry of Health in developing normative documents as well as schemes and policies relating to HIV prevention and control. - The Government has permitted the implementation of opiod substitution therapy (methadone) for drug users.

76)

What are remaining challenges in this area:

- Stigma and discrimination against PLHIV still exists. - Budget allocated for HIV prevention and control has not met the demands of expanding and enhancing coverage for prevention, treatment and care activities - Some normative documents are now being developed or amended, but are still incomplete.

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77)

Part A, Section III: PREVENTION

1. Does the country have a policy or strategy that promotes information, education and

communication (IEC) on HIV to the *general population*?

Yes (0)

Page 40

78)

Part A, Section III: PREVENTION

1.1 IF YES, what key messages are explicitly promoted?

Check for key message explicitly promoted (multiple options allowed)

a. Be sexually abstinent (0)
b. Delay sexual debut (0)
c. Be faithful (0)
d. Reduce the number of sexual partners (0)
e. Use condoms consistently (0)
f. Engage in safe(r) sex (0)
g. Avoid commercial sex (0)
h. Abstain from injecting drugs (0)
i. Use clean needles and syringes (0)
j. Fight against violence against women (0)
k. Greater acceptance and involvement of people living with HIV (0)
l. Greater involvement of men in reproductive health programmes (0)
n. Know your HIV status (0)
o. Prevent mother-to-child transmission of HIV (0)

79)

1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?

Yes (0)

Page 41

80)

Part A, Section III: PREVENTION

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes (0)

81)

2.1 Is HIV education part of the curriculum in:

primary schools?	Yes
secondary schools?	Yes
teacher training?	Yes

82)

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes (0)

83)

2.3 Does the country have an HIV education strategy for out-of-school young people?

Yes (0)

84)

3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for most-at-risk or other vulnerable sub-populations?

Yes (0)

Page 42

85)

3.1 IF YES, which populations and what elements of HIV prevention do the policy/strategy address?

Check which specific populations and elements are included in the policy/strategy

Targeted information on risk reduction and HIV education	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Stigma and discrimination reduction	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Prison inmates, Other populations
Condom promotion	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Other populations
HIV testing and counselling	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Other populations
Reproductive health, including sexually	

Reproductive health, including sexually transmitted infections prevention and treatment	Injecting drug user, Men having sex with men, Sex workers, Clients of sex workers, Other populations
Vulnerability reduction (e.g. income generation)	Sex workers
Drug substitution therapy	Injecting drug user
Needle & syringe exchange	Injecting drug user

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86) **Part A, III. PREVENTION**

Question 3.1 (continued)
You have checked one or more policy/strategy for "Other populations". Please specify what are "other populations".

Migrants/ mobile populations, pregnant women

Page 44

87)

Part A, III. PREVENTION

Question 3.1 (continued)
Overall, how would you rate the policy efforts in support of HIV prevention in 2009?

9 (9)

88)

Since 2007, what have been key achievements in this area:

- Enhancement of Party's and State's guidance; increase in budget and strengthening of multi-sectoral coordination. - Various policies and guidance have been promulgated. - The successful pilot of the methadone maintenance therapy programme for drug users.

89)

What are remaining challenges in this area:

- Preventive measures have not been paid due attention in some areas; limited budget has lead to considerable constraints on expanding the scope of interventions. - Awareness of managers and policy-makers should be enhanced on sensitive issues such as men having sex with men so that they can develop proper interventions and harm reduction policies for these groups. - There is insufficient budget to meet the demands of coverage expansion.

Page 45

90)

Part A, III. PREVENTION

4. Has the country identified specific needs for HIV prevention programmes?

Yes (0)

Page 46

91)

Part A, III. PREVENTION

Question 4 (continued)
IF YES, how were these specific needs determined?

These specific needs were determined based on: - Results of HIV epidemic surveillance, - Needs assessment surveys - Periodical reports of the programme - Budget and human resources capacity - Feasibility of prevention activities.

92)

4.1 To what extent has HIV prevention been implemented?

HIV prevention component	The majority of people in need have access
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Agree
Risk reduction for men who have sex with men	Agree
Risk reduction for sex workers	Agree
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

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93)

Part A, III. PREVENTION

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

9 (9)

94)

Since 2007, what have been key achievements in this area:

- Expansion of the coverage of the condom use programme and needle and syringe programme; implementation of the national pilot methadone maintenance therapy programme; and blood safety guarantee - Increase in the proportion of key populations at higher risk having access to preventon services - Effective control of the spread of HIV epidemic; reduction in the number of new infections reported. - Implementation of the national strategy for the prevention of mother-to-child transmission of HIV. - Increase in the proportion of HIV-infected mothers who are provided HIV testing before giving birth and drugs for the prevention of mother-to-child transmission of HIV, leading to the reduction in the number of children acquiring HIV from their mothers - The HIV epidemic remains concentrated; - Incresed awareness of HIV prevention and control - Reduction of stigma and discrimination against PLHIV.

95)

What are remaining challenges in this area:

- Insufficient budget and limited capacity of staff to meet the demand of HIV prevention and control activities, - The risks among men having sex with men have not been properly assessed, - Awareness of HIV among ethnic minorities is still limited, - The majority of HIV prevention and control activities are funded by international donors, - Low coverage.

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96)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes (0)

Page 49

97)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

1.1 IF YES, does it address barriers for women?

Yes (0)

98)

1.2 IF YES, does it address barriers for most-at-risk populations?

Yes (0)

99)

2. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

Page 50

100)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 2 (continued)
IF YES, how were these determined?

These specific needs were determined based on: - Results of HIV epidemic surveillance, - Needs assessment surveys, - Periodical reports of the programme, - Results of HIV estimations and projections, - Budget and human resources capacity, - Feasibility of intervention activities.

101)

2.1 To what extent have the following HIV treatment, care and support services been implemented?

	The majority of people in need have access
HIV treatment, care and support service	
Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Don't agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	Agree
Other: please specify	

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102)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?

Yes (0)

103)

4. Does the country have access to *regional* procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy drugs, condoms, and substitution drugs?

Yes (0)

Page 52

104)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Question 4 (continued)
IF YES, for which commodities?:

- ARV: Zidovudine (AZT), Stavudine (D4T), Lamivudin (3TC), Nevirapine (NVP), Efavirenz (EFV), Didanosine (DDI) - Condoms - Methadone - Drugs for opportunistic infection treatment

Page 53

105)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

9 (9)

106)

Since 2007, what have been key achievements in this area:

- Increase in coverage and access; rapid growth in the number of PLHIV with access to ARV, treatment of opportunistic infections, and access to treatment and care services, - Expansion of treatment, care and support services at provincial and district levels, - PLHIV in some 05/06 centres have access to ARV treatment; schemes to continue treatment for post-detoxification patients are in place, - Improvement in the quality of treatment and care services, - Appropriate coordination and management of ARV, - ARV have been successfully produced domestically, leading to positive effects on the sustainability of access to ARV for PLHIV.

107)

What are remaining challenges in this area:

- Restricted resources, - Limited capacity and competence of professional staff at district level.

Page 54

108)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

5. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?

Yes (0)

Page 55

109)

Part A, Section IV: TREATMENT, CARE AND SUPPORT

5.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?

Yes (0)

110)

5.2 IF YES, does the country have a national action plan specifically for orphans and vulnerable children?

Yes (0)

111)

5.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?

No (0)

Page 56

112)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

9 (9)

113)

Since 2007, what have been key achievements in this area:

- Increase in the number of orphans and vulnerable children having access to treatment, care and support services, - Promulgation of Decree No.67 which provides support to orphans and vulnerable children, - Promulgation of the National Programme of Action on Children affected by HIV to 2010 and with visions to 2020, - Children living with HIV are covered by health insurance . In 2009, some children living with HIV were provided with health insurance cards, - Orphans and vulnerable children under six years old have access to free medical care according to the general regulation on the free medical examination and treatment of children under six. - Increase in the number of children born to HIV-infected mothers being provided with preventive treatment for HIV infection.

114)

What are remaining challenges in this area:

- Stigma and discrimination against PLHIV and affected children; there are still children who cannot go to school on reaching school-age, - Lack of size estimate of orphans and vulnerable children, as well as of children benefiting from intervention programmes, - Lack of sufficient funds and staff.

Page 57

115)

Part A, Section V: MONITORING AND EVALUATION

1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?

Yes (0)

Page 58

116)

1.1 IF YES, years covered:
Please enter the start year in yyyy format below

2007

117)

1.1 IF YES, years covered:
Please enter the end year in yyyy format below

2009

118)

1.2 IF YES, was the M&E plan endorsed by key partners in M&E?

Yes (0)

119)

1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?

Yes (0)

120)

1.4 IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?

Yes, most partners (0)

Page 60

121)

Part A, Section V: MONITORING AND EVALUATION

2. Does the national Monitoring and Evaluation plan include?

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	Yes
a strategy for assessing data quality (i.e., validity, reliability)	Yes
a data analysis strategy	Yes
a data dissemination and use strategy	Yes

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122)

Part A, Section V: MONITORING AND EVALUATION

Question 2 (continued)
If you check "YES" indicating the national M&E plan include a data collection strategy, then does this data collection strategy address:

routine programme monitoring	Yes
behavioural surveys	Yes
HIV surveillance	Yes
Evaluation / research studies	Yes

123)

3. Is there a budget for implementation of the M&E plan?

Yes (0)

Page 62

124)

Part A, Section V: MONITORING AND EVALUATION

3.1 IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?

Please enter the rounded percentage (1-100). If the percentage is less than 1, please enter "1".

10

125)

3.2 IF YES, has full funding been secured?

Yes (0)

126)

3.3 IF YES, are M&E expenditures being monitored?

Yes (0)

Page 64

127)

4. Are M&E priorities determined through a national M&E system assessment?

Yes (0)

Page 65

128)

Part A, Section V: MONITORING AND EVALUATION

Question 4 (continued)
IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:

The national M&E assessment is conducted periodically, including: - Assessment of training needs within M&E system, - Rapid assessment of the standard routine HIV reporting forms - Periodic assessment of M&E activities based on the specific indicators of the M&E plan. Findings of these assessments contribute to the determination of M&E priorities.

129)

5. Is there a functional national M&E Unit?

Yes (0)

Page 66

130)

5.1 IF YES, is the national M&E Unit based

in the National AIDS Commission (or equivalent)?	No
in the Ministry of Health?	Yes
Elsewhere? (please specify)	No

131) **Number of permanent staff:**

Please enter an integer greater than or equal to 0

5

132) **Number of temporary staff:**

Please enter an integer greater than or equal to 0

5

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133)

Part A, Section V: MONITORING AND EVALUATION

Question 5.2 (continued)
Please describe the details of <u>all</u> the permanent staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	Manager	Full time	2005
Permanent staff 2	Manager	Full time	2005
Permanent staff 3	Professional	Full time	2005
Permanent staff 4	Professional	Full time	2005
Permanent staff 5	Professional	Full time	2005
Permanent staff 6			
Permanent staff 7			
Permanent staff 8			
Permanent staff 9			
Permanent staff 10			
Permanent staff 11			
Permanent staff 12			
Permanent staff 13			
Permanent staff 14			
Permanent staff 15			

134)

Please describe the details of <u>all</u> the temporary staff:

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Temporary staff 1	Professional	Full time	2006
Temporary staff 2	Professional	Full time	2007
Temporary staff 3	Professional	Full time	2008
Temporary staff 4	Professional	Full time	2008
Temporary staff 5	Professional	Full time	2009
Temporary staff 6			
Temporary staff 7			
Temporary staff 8			
Temporary staff 9			
Temporary staff 10			
Temporary staff 11			
Temporary staff 12			
Temporary staff 13			
Temporary staff 14			
Temporary staff 15			

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135)

Part A, Section V: MONITORING AND EVALUATION

5.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?

Yes (0)

Page 69

136) **Part A, Section V: MONITORING AND EVALUATION**

Question 5.3 (continued)
IF YES, briefly describe the data-sharing mechanisms:

Mechanisms in place to ensure all major implementing partners submit their M&E data/reports to the M&E Unit in VAAC include: - Submission of reports within the national HIV prevention and control system, according to the regular reporting scheme - Submission of reports by donor funded programmes to Provincial AIDS Centres,which are then forwarded to VAAC Regarding the data sharing mechanisms: Regular epidemiological updates, based on available data from the quarterly reports, are published on the VAAC website. In addition, meetings of the National SI, M&E TWG, as well as special events, are used as fora for the dissemination of data from different exercises, including annual reports of GFATM and WB/DfiD project.

137)

What are the major challenges?

Challenges in data submissions are: - Insufficient data quality - Late submission of reports - Lack of skilled M&E staff - Restricted budget for M&E activities.

Page 70

138)

Part A, Section V: MONITORING AND EVALUATION

6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?

Yes, meets regularly (0)

139)

6.1 Does it include representation from civil society?

Yes (0)

Page 71

140) **Part A, Section V: MONITORING AND EVALUATION**

Question 6.1 (continued)
IF YES, briefly describe who the representatives from civil society are and what their role is:

A number of international NGOs, and one local NGO, are members of the National SI, M&E TWG. Their role is to provide technical assistance to the implementation of the National HIV M&E Framework and HIV monitoring, assessment and surveillance activities in Vietnam.

141)

7. Is there a central national database with HIV- related data?

Yes (0)

Page 72

142)

Part A, Section V: MONITORING AND EVALUATION

7.1 IF YES , briefly describe the national database and who manages it:

- VAAC, the M&E Department, manages the National Database of surveillance data (HIV Info software) - Reports on HIV prevention and control are updated quarterly in monitoring tabulation in excel format. - VAAC is currently piloting the online submission of data collected through D28 (routine HIV reporting System)

143)

7.2 IF YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?

Yes, all of the above (0)

Page 73

144)

7.3 Is there a functional* Health Information System?

At national level	Yes
At subnational level	Yes

Page 74

145) **Part A, Section V: MONITORING AND EVALUATION**

For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.

For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?

Provincial, district, commune

146)

8. Does the country publish at least once a year an M&E report on HIV, including HIV surveillance data?

Yes (0)

147)

9. To what extent are M&E data used

9.1 in developing / revising the national AIDS strategy?:

4 (4)

148)

Provide a specific example:

- Reports and evaluations have provided information on the coverage of intervention programmes, and demands and resources contributing to the development and adjustment of the national strategy.

149)

What are the main challenges, if any?

- Lack of national representative data about the size of the main target populations (especially men who have sex with men) and about public awareness, attitudes and practices relating to HIV prevention and control, - Data is still insufficient in some categories, - Lack of age and sex disaggregated data for some indicators

Page 75

150) **Part A, Section V: MONITORING AND EVALUATION**

9.2 To what extent are M&E data used for resource allocation?

4 (4)

151)

Provide a specific example:

- Concentration of resources and assistance projects in cities/provinces with a high number of PLHIV and key populations at higher risk such as in Hai Phong, Quang Ninh, Kien Giang and An Giang.

152)

What are the main challenges, if any?

- Difficulties in managing and finding out the exact number of drug users and sex workers, - Many cities/provinces have not conducted assessment studies to provide necessary information for the policy-making, planning, and evaluation of intervention programmes, as well as for resource allocation, - Limited resources.

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153)

Part A, Section V: MONITORING AND EVALUATION

9.3 To what extent are M&E data used for programme improvement?:

4 (4)

154)

Provide a specific example:

- Development of evidence-informed intervention programmes, - Training of human resources for the M&E system, - Provision of necessary facilities and equipment for the M&E system.

155)

What are the main challenges, if any?

- Data is still insufficient in some categories, - Lack of human resources for data collection.

Page 77

156) **Part A, Section V: MONITORING AND EVALUATION**

10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:

Yes, at all levels (0)

Page 78

157)

10.1 In the last year, was training in M&E conducted

At national level?	Yes
At subnational level?	Yes
At service delivery level including civil society?	Yes

Page 79

158) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.1 (continued)
Please enter the number of people trained <u>at national level.</u>

Please enter an integer greater than 0

62

159) **Please enter the number of people trained <u>at subnational level.</u>**

Please enter an integer greater than 0

166

Page 80

160)

Part A, Section V: MONITORING AND EVALUATION

10.2 Were other M&E capacity-building activities conducted other than training?

Yes (0)

Page 81

161) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.2 (continued)
IF YES, describe what types of activities:

- Surveillance and support for provincial activities - Experience sharing - Working with international experts and organizations

Page 82

162) **Part A, Section V: MONITORING AND EVALUATION**

Question 10.2 (continued)
Overall, how would you rate the M&E efforts of the HIV programme in 2009?

9 (9)

163)

Since 2007, what have been key achievements in this area:

- An overall picture of the HIV situation in the whole country has been acquired, contributing to the sound evaluation of the effectiveness of the government's policies and strategies, - There has been an accurate assessment of HIV infection and spread, with analysis based on geographical areas and key populations at higher risk, - Decision No. 1107/2009/QD-TTg of the Prime Minister approved the "Capacity building for the Centres for HIV Prevention and Control in central cities/provinces in 2009-2015".

164)

What are remaining challenges in this area:

- Capacity of M&E staff in some areas is still limited; high turnover leads to high demands of training and retraining, - Insufficient funds and resources for M&E activities.

Page 83

165)

Part B, Section I: HUMAN RIGHTS

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifi cally mention HIV, focus on schooling, housing, employment, health care etc.)

Yes (0)

Page 84

166)

Part B, Section I. HUMAN RIGHTS

1.1 IF YES, specify if HIV is specifically mentioned and how or if this is a general nondiscrimination provision:

- The Law on HIV/AIDS Prevention and Control 64/2006/QH11 (Law on HIV) - Decree 108/2007/ND-CP detailing the implementation of a number of articles of the Law on HIV - Decree 45/2005/ND-CP regulating penalties for administrative violations in the health care sector

167)

2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 85

168)

Part B, Section I. HUMAN RIGHTS

2.1 *IF YES*, for which subpopulations?

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	Yes
d. Men who have sex with men	Yes
e. Sex Workers	Yes
f. prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Children, - Sexual partners of PLHIV and - Sexual partners of IDUs	Yes

169)

IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:

- The eight national Programmes of Action (POA) are designed to operationalize the National Strategy and Law on HIV. - Decree 45/2005 regulates penalties for administrative violations in health care, with specific references to HIV.

170)

Briefly describe the content of these laws:

- The Law on HIV is considered a milestone in the protection of the rights of people living with HIV (PLHIV) as it specifies the right to employment, education and access to health care services. The Law prohibits stigma and discrimination against PLHIV, people suspected of having HIV or those associated with them. - Decree 108 endorses harm reduction interventions including the provision of needles and syringes, condoms and opiate substitution treatment. The following subpopulations are entitled to harm reduction interventions under the Decree: sex workers (SW) and their clients, drug users, PLHIV, homosexual people [sic], migrant and mobile populations, and sexual partners of all these subpopulations. - The National Programme of Action on Children affected by HIV (2009) identifies concrete measures to protect orphans and vulnerable children, including increasing access and availability to good quality health and education services, and social policies. - Under Decree 67/2007/ND-CP, AIDS orphans and people with AIDS-related illnesses can access monthly financial support. Decision 38/2008/QD-TTg on the prevention and control of HIV across borders creates a space for the implementation of prevention activities across borders, experience sharing among countries, and the integration of HIV activities into drug and sex work control and anti-trafficking interventions.

171)

Briefly comment on the degree to which they are currently implemented:

- Although significant protections exist within these laws and regulations, there are gaps in their implementation in many provinces and at district/community level partly due to a lack of awareness and understanding and insufficient sanctions for violations. - Decision 96/2007/QD-TTg of the Prime Minister covers the provision of HIV prevention, treatment and care services in correctional settings including prisons, and 05/06 centres. However interventions have only been implemented in a few institutions on a short-term pilot basis and prevention and treatment services are still very limited. - The effective implementation of Decree 67 is hindered by the weak capacity of local social welfare agencies, awareness of the decree, limited monitoring of its implementation and stigma and discrimination preventing those in need accessing the support. - The Law on Gender Equity and Law on Domestic Violence do not offer protection for sexual and other forms of violence against female sex workers (FSW).

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172)

Part B, Section I. HUMAN RIGHTS

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?

Yes (0)

Page 87

173)

Part B, Section I. HUMAN RIGHTS

3.1 *IF YES*, for which subpopulations?

a. Women	No
b. Young people	No

c. Injecting drug users	Yes
d. Men who have sex with men	No
e. Sex Workers	Yes
f. prison inmates	Yes
g. Migrants/mobile populations	Yes
Other: Please specify	

174)

IF YES, briefly describe the content of these laws, regulations or policies:

- There remain inconsistencies between public security measures to control drug use and sex work and public health messages to reach the populations engaged in these activities. - While the Law on Drug Prevention and Control No.16/2008/QH12 (Law on Drugs) has been amended to decriminalise drug use, under the Ordinance on Administrative Violations, drug use still remains an administrative violation and results in detention for up to two years in 06 centres. - While the amendment of the Law on Drugs improves its overall consistency with the Law on HIV, contradictions remain. Under Decree 94, which guides the implementation of the Law on Drugs, drug users are subject to an additional period of 'post-detoxification management' for between one and two years. This is after completing compulsory detoxification in 06 centres for a period of up to two years. Due to the limited access to HIV services including treatment in 06 centers, this is a barrier to injecting drug users (IDUs) accessing effective HIV prevention, treatment, care and support services. - The Ordinance on Prostitution Prevention and Combat 2003 prohibits "availing oneself of business service to carry out commercial sex work" or "lending a hand to commercial sex work". Anyone selling sex is subject to administrative detention in 05 centres. Due to the limited access to HIV services including treatment in 05 centers, this is a barrier to IDUs accessing effective HIV prevention, treatment, care and support services. Decision 96 mandates the provision of HIV prevention, treatment and care in correctional facilities and 05/06 centres however under Decree 108 the provision of opiate substitution therapy is prohibited in these facilities. Currently, antiretroviral therapy (ART) is not available in any prisons, and only a few are providing tuberculosis (TB) treatment. - As residency in the specific district of the treatment centre is one of the eligibility criteria for the current national pilot methadone maintenance therapy (MMT) programme, migrants without official residency are not able to access these services.

175)

Briefly comment on how they pose barriers:

- Under the Law on Social Evils sex work and drug use are classified as social evils. The associated stigma and discrimination prevents or delays drug users and sex workers from accessing drug treatment, harm reduction and other social services. The fear of being detained also poses a barrier. - Access to HIV prevention, treatment and care services (particularly harm reduction interventions such as condoms, needles/syringes and opiate substitution therapy) is essentially non-existent in prisons. By 2009 there were fourteen 05/06 centres providing ART under Global Fund Round 6 activities. The already mentioned fourteen centres, plus an additional centre, were also providing voluntary counseling and testing (VCT) and information, education and communication (IEC) services. - Migrants and mobile populations continue to experience difficulties accessing treatment and care as a result of their mobility, long work hours, location of work sites and lack of official residency. While it is not official policy, there have been reports of PLHIV having to provide their identity card and proof of household registration before they can access treatment and there is the perception among PLHIV that this is the official policy. In addition, provincial budgets and services are planned using the household registration system. Therefore, migrants and mobile populations are often not included in local HIV plans and/or may need to pay more for services.

Page 88

176) **Part B, Section I. HUMAN RIGHTS**

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?

Yes (0)

Page 89

177)

Part B, Section I. HUMAN RIGHTS

Question 4 (continued)
IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

The National Strategy on HIV Prevention and Control 2004 – 2010 provides for equitable access to prevention, treatment, care and support for people living with, affected by and at-risk of HIV. The National Strategy and Law on HIV prioritises access to services for key populations at higher risk. Under Article 4 of the Law on HIV, PLHIV have the right to live within the community and society; to receive medical treatment, care, education and employment; to keep private their HIV status; to refuse medical examination and treatment for full-blown AIDS [sic] and other rights as stipulated in the Law on HIV and other related laws.

178)

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, most-at-risk populations and/or other vulnerable subpopulations?

Yes (0)

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179)

Part B, Section I. HUMAN RIGHTS

Question 5 (continued)
IF YES, briefly describe this mechanism:

- Five legal aid clinics and one hotline have been established to provide free or reduced cost legal support services to PLHIV whose rights have been violated under the Law on HIV. While more PLHIV are aware of their rights, many still do not know what support is available and are reluctant to report incidences out of fear of disclosing their status. - Under the Decree on administrative sanctions for violations in the health sector, fines can be issued if provisions in the Law on HIV are violated.

180)

6. Has the Government, through political and fi nancial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?

Yes (0)

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181)

Part B, Section I. HUMAN RIGHTS

Question 6 (continued)
IF YES, describe some examples:

- At policy level: By the end of 2009 most HIV-related policies were developed with some level of consultation with PLHIV. While this is a significant step, PLHIV are still not part of policy drafting committees and PLHIV involvement has tended to be reactive rather than organized. - In 2009 drug users were consulted in the development of a decree on community-based rehabilitation of drug users and SW representatives participated in the review of the implementation of the Ordinance on sex work. This is evidence of a more favorable legal environment and growing recognition by government of the role of civil society, as well as the development of organizations of key populations at higher risk. Men who have sex with men (MSM) groups were consulted throughout the development process of the National Guidelines on HIV interventions for MSM. - After the 2008 restructure of the Country Coordinating Mechanism (CCM), 40% of the membership is now from the non-government sector, with representatives of the three diseases, non-governmental organizations (NGOs), international NGOs (INGOs) and the private sector self-selecting their representatives. Through the CCM and the development of Global Fund Round 9, civil society organizations representing key populations at higher risk contributed to the planning of the national HIV response over the next five years. - At implementation level: While the role of civil society in HIV service delivery, particularly the provision of community/home-based care, has increased, the majority of these activites are supported by international donors. In some provinces, Provincial AIDS Centers (PAC) and other local authorities have been supporting self help groups through in kind support such as the provision of meeting space, livelihood support, consultation on HIV program design and implementation, as well as direct financial support. The Hanoi AIDS Association, supported by PAC, has acted as an umbrella for many self-help groups, including those of IDUs and SW. However funding for local community based organizations and self help groups is not widely available and is based on the discretion of local authorities.

182)

7. Does the country have a policy of free services for the following:

a. HIV prevention services	Yes
b. Antiretroviral treatment	Yes
c. HIV-related care and support interventions	Yes

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183)

Part B, Section I. HUMAN RIGHTS

Question 7 (continued)
IF YES, given resource constraints, briefly describe what steps are in place to implement these policies and include information on any restrictions or barriers to access for different populations:

- VCT services were initiated by Vietnam Ministry of Health in late 2002, targeting key populations at higher risk such as IDUs, SW, MSM and their sexual partners. - The Law on HIV stipulates "people who have been exposed to or infected with HIV due to occupational accidents, people who have been infected with HIV due to risks of medical techniques, HIV infected pregnant women and HIV infected under-six children shall be provided ARV free-of-charge by the State". - Most HIV services provided by the government and international donors are free. - Information on HIV and the risks of unsafe injecting are available through a wide variety of IEC materials. Barriers include: - Those mentioned above associated with the Law on Drugs. - Prevention services targeting key populations at higher risk need to be rapidly scaled up. While coverage has increased it is still low. - The majority of services are funded by external sources raising the issue of sustainability. The number of people in need of ART is increasing and the government needs to plan to ensure the number of people currently in need can be sustained and people still in need can access treatment. While ART is available free of charge, the medical tests required to initiate treatment are paid out-of-pocket and are not reimbursed. - The private sector has limited knowledge about care and support interventions available and where/how to refer employees to these services. Stigma and discrimination also prevents workers from accessing VCT services or disclosing their status to access treatment. - Actions being taken to improve services: - Strengthen provincial coordination to increase access to prevention, treatment, care and support - Scale up access to ARV treatment - Support civil society organizations in policy development and implementation, particularly the provision of community/home base care and support - Advocate for an increase in domestic spending and the targeted allocation of resources

184)

8. Does the country have a policy to ensure equal access for women and men to HIV prevention, treatment, care and support?

Yes (0)

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185)

Part B, Section I. HUMAN RIGHTS

8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?

Yes (0)

186)

9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?

Yes (0)

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187)

Part B, Section I. HUMAN RIGHTS

Question 9 (continued)
IF YES, briefly describe the content of this policy:

The Law on HIV mandates the equitable access to prevention, treatment and care to all populations in need of these services, regardless of their socio-economic status.

188)

9.1 IF YES, does this policy include different types of approaches to ensure equal access for different most-at-risk populations and/or other vulnerable sub-populations?

Yes (0)

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189)

Part B, Section I. HUMAN RIGHTS

Question 9.1 (continued)
IF YES, briefly explain the different types of approaches to ensure equal access for different populations:

Under the Law on HIV, key populations at higher risk are given priority with regards to access to IEC on HIV prevention and control (Article 11); and harm reduction interventions (Article 21). However, the Law on HIV does not specify targeted approaches for the following key populations at higher risk: MSM, female IDUs, prisoners, people in administrative detention, and migrant and populations. The eight POA provide guidance on the needs of key populations at higher risk. For example the Harm Reduction POA provides specific guidance for IDUs, SW and detainees in 05/06 centres. Decree 108 stipulates harm reduction services for all key populations at higher risk. Decision 96 on support to PLHIV in prisons and administrative detention centres provides for the provision of HIV prevention, treatment and care in these settings. However access to HIV prevention, treatment and care services (particularly harm reduction interventions such as condoms, needles/syringes and opiate substitution therapy) is basically non-existent in prisons. By 2009 there were fourteen 05/06 centres providing ART under Global Fund Round 6 activities. The already mentioned fourteen centres, plus an additional centre, were also providing VCT and IEC services. While different approaches are used for different target groups, there is no comprehensive package of services to address multiple and overlapping risks behaviours such as IDUs who are clients of SW and FSW who also inject drugs.

190)

10.Does the country have a policy prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?

Yes (0)

191)

11.Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

Yes (0)

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192)

Part B, Section I. HUMAN RIGHTS

11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?

No (0)

Page 97

193)

– Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work

No (0)

194)

– Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment

No (0)

195)

– Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts

No (0)

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196)

Part B, Section I. HUMAN RIGHTS

13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?

Yes (0)

197)

– Legal aid systems for HIV casework

Yes (0)

198)

– Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV

Yes (0)

199)

– Programmes to educate, raise awareness among people living with HIV concerning their rights

Yes (0)

200)

15. Are there programmes in place to reduce HIV-related stigma and discrimination?

Yes (0)

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201)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
IF YES, what types of programmes?

Media	**Yes**
School education	**Yes**
Personalities regularly speaking out	**Yes**
Other: Workplace, Religious institution	**Yes**

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202)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?

8 (8)

203)

Since 2007, what have been key achievements in this area:

- The amendment of the Law on Drugs so it is more consistent with the Law on HIV is a significant achievement. The amended law now contains a reference to harm reduction as defined in the Law on HIV. The amendment also removed an article criminalising drug use. This has created more favourable conditions for the implementation of harm reduction activities and is a reflection of an attitudinal shift where drug addition is increasingly considered a psychosocial problem. - The National Programme of Action on Children affected by HIV launched in 2009 covers all aspects of the HIV response related to children living with and affected by HIV. - As a result of the amendment of the Law on Health Insurance 25/2008/QH12, PLHIV are now no longer exempt from health insurance coverage.

204)

What are remaining challenges in this area:

- While there has been progress with new laws promulgated and existing laws amended, inconsistencies between laws and their effective implementation remains a challenge. - Despite the amendment to the Law on Drugs, the following issues are of concern: - - While drug use has been decriminalized, drug users are still subject to administrative detention for up to two years - - Under Decree 94, drug users can be detained for an additional one to two years after they have already served up to two years in 06 centers - While the review of the implementation of the Ordinance on sex work is underway, the Ordinance as it currently stands poses a barrier to SW accessing HIV services as they are subject to administrative detention in 05 centres. - There continues to be low compliance with the Law on HIV especially in the area of stigma and discrimination. - The Law on HIV stipulates responsibilities of employers in HIV prevention, treatment and care but the current taxation policy does not provide tax exemptions for enterprises funding HIV-related activities.

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205)

Part B, Section I. HUMAN RIGHTS

Question 15 (continued)
Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?

5 (5)

206)

Since 2007, what have been key achievements in this area:

Key populations at higher risk have become more aware of their rights and are more organized. As a result their expectations have increased and they are more critical of the national response. Since the last reporting round, there has been more time to see the impact of the Law on HIV therefore development partners' expectations were also high.

207)

What are remaining challenges in this area:

- The implementation and enforcement of laws remains uneven due to in part: - - the lack of remedies and penalties for violations of the law - - inconsistencies between public security measures to control drug use and sex work and public health measures to reach the populations engaged in these activities - - while open stigma and discrimination against PLHIV has reduced, stigma and discrimination continues to exist including in health care settings and schools.

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208)

Part B, Section II: CIVIL SOCIETY* PARTICIPATION

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?

3 (3)

209)

Comments and examples:

- The contribution of civil society is growing however remaining challenges include capacity constraints and official recognition by the government. - The CCM includes self-selected representatives from civil society. VNP+ the newly registered national network of PLHIV is a member of the CCM. Global Fund Round 9 is a dual track proposal with a civil society organization as Principal Recipient for the first time. - Groups of key populations at higher risk, NGOs and other civil society organizations (CSOs) contribute to the development of HIV-related policies and legal documents. For example, local NGOs advocated for the inclusion of harm reduction in the amendment of the Law on Drugs. - International and local NGOs have been working with self-help groups and other CSOs (Women's Union and AIDS Associations) providing technical and financial support to empower self-help groups and provide inputs to legal and/or technical documents. - Despite the progress made, civil society lacks a coordinated and targeted advocacy strategy.

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210)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?

2 (2)

211)

Comments and examples:

Efforts have been made to increase the contribution of civil society in national planning and budgetary processes. Through the development of Global Fund Round 9, civil society actively contributed towards the planning and budgeting of the national response. Civil society was also involved in the development of different national action plans. Since 2005, under the World Bank project, PLHIV have been invited to join the Technical Review Team to provide comments on the provincial annual action plans. Since late 2008 VAAC has organized meetings with local NGOs to share information on the epidemic and VAAC plans, as well as to get feedback from local NGOs. However, requests for a government budget allocation to civil society have not been responded to. To date participation in these meetings has been limited. It is hoped the meetings will be opened to other PLHIV networks and representatives of key populations at higher risk. The meaningful engagement of civil society in national strategic planning remains limited. There has been almost no civil society involvement in the annual planning and budgeting of the national AIDS program. The review of the current National Strategy and development of the next phase is an opportunity for civil society to play a bigger role, particularly at provincial level. However the knowledge and capacity of civil society needs to be strengthened in order for their contribution to be effective.

Page 105

212)

a. the national AIDS strategy?

2 (2)

213)

b. the national AIDS budget?

1 (1)

214)

c. national AIDS reports?

2 (2)

215)

Comments and examples:

While mass organizations such as the Women's Union and Youth Union are identified as implementing partners in the national AIDS program, other civil society organization are not and therefore not specified in the National Strategy, the annual plan and budget, and annual reports. The involvement of civil society including self-help groups and faith-based organizations, in reporting at commune and district level is improving, with good cooperation from local authorities. However this has not been translated to national level reporting. There is a lack of data at the national level and there is no annual AIDS report apart from the biennial UNGASS reports. The role of civil society in the implementation of Global Fund Round 9 has provided the impetus for civil society to participate in the development and implementation of the next phase of the National Strategy.

Page 106

216)

a. developing the national M&E plan?

3 (3)

217)

b. participating in the national M&E committee / working group responsible for coordination of M&E activities?

2 (2)

218)

c. M&E efforts at local level?

2 (2)

219)

Comments and examples:

INGOs are very involved in national and local level monitoring and evaluation. However the involvement and capacity of local NGOs differs from province to province, with Hanoi and Ho Chi Minh City the strongest. At local level, CSOs do not participate in monitoring and evaluation activities. There is some reporting of community based organizations' activities and programs. Civil society was consulted during the development of the National Monitoring and Evaluation Framework in 2007. INGOs are well represented in the Strategic Information, Monitoring and

Evaluation Technical Working Group (SI, M&E TWG), with a local NGO joining in the second half of 2009. The SI, M&E TWG jointly developed the national Monitoring and Evaluation Plan with government counterparts and reviewed all UNGASS and Estimation and Projection data. Civil society representation on the SI, M&E TWG is stronger from the North of Viet Nam. However the participation of key populations at higher risk is lacking. There has been little if any effort to improve the capacity of civil society on monitoring and evaluation.

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220) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?

4 (4)

221)

Comments and examples:

The representation of civil society has been limited but has improved over the past two years. The involvement of PLHIV has increased, assisted by the establishment of the national network VNP+, as it provides a forum for identifying representatives who can report back to their constituencies. The number of Provincial MSM Working Groups has grown from four to six but nationally their representation is limited. Self-organized groups of SW, drug users and sexual partners of drug users were established in 2008 and become more active over 2009, although the number of these groups is still very limited. Despite progress, the participation of IDU, SW, as well as faith-based organizations in policy development remains limited. The Vietnam Civil Society Partnership Platform on AIDS (VCSPA) was established in late 2007 to try and assist in filling this gap by creating a channel through which under-representative groups can communicate with policy makers, donors and other stakeholders. The low capacity of groups representing key populations at higher risk and the lack of technical and financial support available continues to prevent their meaningful participation in a response that should be targeting these groups.

Page 108

222)

a. adequate financial support to implement its HIV activities?

3 (3)

223)

b. adequate technical support to implement its HIV activities?

3 (3)

224)

Comments and examples:

- Access: There are increasing opportunities and mechanisms for local NGOs to receive funding and technical support. Civil society organizations are able to access funds as sub-grantees under the President's Emergency Plan for AIDS Relief (PEPFAR) and World Bank/UK Department for

International Development (WB/DFID) projects. Civil society organizations will also be able to access funds under Global Fund Round 9 once implementation begins in late 2010. - Most resources for community based organizations come from projects providing harm reduction services for key populations at higher risk or community/home-based care for PLHIV and orphans and vulnerable children (OVC). However it is still difficult for community based organizations to receive funding, technical assistance and implement activities if they are not legally registered. Some groups have experienced difficulties in complying with the requirements needed to register as a legal entity. These requirements include members needing certain educational qualifications and a specified amount of capital. - Absorption capacity: The capacity of local NGOs and community based organizations is still very limited as is their capacity to absorb funding and technical assistance. There have been efforts, notably from CARE and Pact, to strengthen the organizational capacity of local civil society but more needs to be done, particularly with civil society organizations working outside of PEPFAR provinces. - Most of the funding and technical support available to civil society in Vietnam comes from international donors. In last two years, some self-help groups of PLHIV received funding from local AIDS administrations or local authorities but these were usually small one-off grants for specific events. - As the private sector in Vietnam is growing, the government could encourage businesses to provide funding to support PLHIV through corporate social responsibility programmes and tax exemptions.

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225) **Part B, Section II. CIVIL SOCIETY PARTICIPATION**

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

Prevention for youth	25-50%
Prevention for most-at-risk-populations	
- Injecting drug users	<25%
- Men who have sex with men	25-50%
- Sex workers	<25%
Testing and Counselling	<25%
Reduction of Stigma and Discrimination	25-50%
Clinical services (ART/OI)*	<25%
Home-based care	51-75%
Programmes for OVC**	25-50%

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226)

Part B, Section II. CIVIL SOCIETY PARTICIPATION

Question 7 (continued)
Overall, how would you rate the efforts to increase civil society participation in 2009?

8 (8)

227)

Since 2007, what have been key achievements in this area:

Key achievements include: - The legal registration of VNP+ the national network representing PLHIV. - The establishment and development of other civil society networks: VCSPA, Provincial

MSM Working Groups, provincial coalition of PLHIV and local alliances between different CSOs. - The growing number of community based organizations, and their increased capacity and competency compared to the previous reporting period - The initiation of meetings between VAAC and local NGOs - The recognition of and/or resource allocation to self-help groups by local AIDS administrations and authorities in some provinces - The success of the Global Fund Round 9 dual track proposal - A small but growing number of local NGOs have demonstrated increased capacity for national advocacy, technical leadership and implementation.

228)

What are remaining challenges in this area:

Remaining challenges include: - The existing legal framework and wide-spread stigma and discrimination limits the participation of IDUs and SW in the national response, and also prevents MSM, IDUs and SW from forming their own organizations. As a result, the representation of these groups remained limited. - Although peer educators from civil society are hired to distribute commodities, the vast majority of IDU prevention activities (needle and syringe programme and peer outreach) are funded and implemented by the government through VAAC and PACs (with the support of the WB/DFID project). The situation is similar for sex worker activities (also supported by WB/DFID, Global Fund and PEPFAR). - For some civil society networks and community based organizations, the requirements needed to register as a legal entity prevents them from being able to access funds. - While there is a growing recognition by government of the role of civil society in the national response, this role is not institutionalized in any national planning, budgeting or implementation processes. - The capacity of CSOs in organizational development, financial and programme management and monitoring and evaluation needs to be strengthened. - The majority of financial and technical support to civil society comes from international donors. This is a significant issue as Vietnam approaches middle income country status and donors reduce their support.

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229)

Part B, Section III: PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?

Yes (0)

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230)

Part B, Section III: PREVENTION

Question 1 (continued)
IF YES, how were these specific needs determined?

The specific prevention program needs were determined by reviewing available epidemiological data to determine needs, donor coordination, and geographic locations for service sites. In addition, programmatic data was examined to determine programming needs and any necessary adjustments.

231)

1.1 To what extent has HIV prevention been implemented?

HIV prevention component	The majority of people in need have access
Blood safety	Agree
Universal precautions in health care settings	Don't agree
Prevention of mother-to-child transmission of HIV	Don't agree
IEC* on risk reduction	Agree
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Don't agree
Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	Don't agree
Reproductive health services including sexually transmitted infections prevention and treatment	Don't agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Don't agree
HIV prevention in the workplace	Don't agree
Other: Prevention for migrant and mobile population, sexual partner of PLHIV, sexual partner of IDUs, Prevention in closed setting	Don't agree

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232)

Part B, Section III: PREVENTION

Question 1.1 (continued)
Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?

8 (8)

233)

Since 2007, what have been key achievements in this area:

In the reporting period, prevention interventions were significantly scaled-up and access to prevention services has increased in all provinces. The amendment of the Law on Drugs decriminalized drug use and strengthened the already existing legal framework which supports harm reduction services for IDUs, SW and MSM. The most significant achievements have been the rapid expansion of the needle and syringe programme and condom use programme, and implementation of the national pilot MMT programme in Hai PHong, Ho Chi Minh City and Hanoi. PLHIV, IDUs, SW and MSM are increasingly involved in service delivery as peer educators.

234)

What are remaining challenges in this area:

While there has been significant progress, the expectations of civil society and development partners have risen, partly due to this rapid progress and the increase in funds available. Harm reduction interventions for IDUs are still limited geographically and in scale. There are no HIV prevention interventions in prisons and limited services are available in 05/06 centres. Despite the decriminalization of drug use, some drug users do not access prevention services out of fear of

being detained in 05/06 centres. There are limited services available for female IDUs. While there are examples of local authorities implementing innovative and successful harm reduction interventions, implementation varies and is subject to the commitment of local authorities including police. The national pilot MMT programme is taking longer to scale-up than committed in the Plan of Action on Harm Reduction (2007). Prevention services for SW are limited, with most harm reduction programs targeting street-based FSW, missing those working in informal settings. There are gaps in prevention services targeting male SW and the provision of a comprehensive package of services including needles and syringes, as well as condoms. HIV prevention for MSM has not become an integrated part of the national AIDS programme however National Guidelines on HIV Interventions for MSM are currently under development. There are still very few MSM interventions with existing activities concentrated in six PEPFAR provinces. The WB project on HIV prevention has been slow to respond to the needs of this key population at higher risk. There is also a lack of MSM-friendly sexual health services. Prevention needs of sexual partners of PLHIV and IDUs have not been recognized and included in the national program. The lack of size estimations for key populations at higher risk is hindering the effectiveness of the national response. Stigma and discrimination in the community and in health care settings continues to prevent or delay people from accessing prevention services.

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235)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

1. Has the country identified the specific needs for HIV treatment, care and support services?

Yes (0)

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236)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1 (continued)
IF YES, how were these specific needs determined?

These needs were determined based on available epidemiological data.

237)

1.1 To what extent have the following HIV treatment, care and support services been implemented?

HIV treatment, care and support service	The majority of people in need have access
Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Don't agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Don't agree

Home-based care	Don't agree
Palliative care and treatment of common HIV-related infections	Don't agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Don't agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Don't agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Don't agree
Other: please specify	

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238)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

Question 1.1 (continued)
Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?

7 (7)

239)

Since 2007, what have been key achievements in this area:

There has been a rapid scale-up of ART since the previous reporting period, with the continued expansion and improvement in quality of treatment programmes available to PLHIV in need across the country. PLHIV consider ART scaling up as one of the biggest achievements of the national response over the past two years.

240)

What are remaining challenges in this area:

While there has been significant progress, the expectations of civil society and development partners have risen, partly due to this rapid progress and the increase in funds available. The biggest challenge in the area of treatment, and the reason for the lower rating compared to the previous reporting round, is access to treatment in prisons and 05/06 centres. By the end of 2009 ART was not available in prisons and fourteen 05/06 centres were providing ART under Global Fund Round 6. Under the new Decree 94/2009 drug users can now be detained for up to four years further limiting their access to treatment. Drug users sent to 06 centres often have their treatment interrupted, increasing the risk of drug resistance. Referral systems between the 05/06 centres and the community on a detainee's release are weak and need to be strengthened. PLHIV have access to TB screening in 05/06 centres however do not have access to preventative therapy. TB treatment is available in a small number of prisons as part of the Global Fund TB grant. Health units located at prisons and 05/06 centres should be strengthen to improve the quality of services and scale up ART, treatment of opportunistic infections and provision of palliative care. An incentive system could be developed to attract health staff to work in these centres. Other treatment related challenges include the increase in the number of people in need of treatment as

a result of the natural progression of the epidemic, expanded VCT and better diagnosis. As the majority of treatment programmes are funded by international donors, sustainability is an issue as donor funding is expected to decrease.

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241)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?

Yes (0)

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242)

Part B, Section IV: TREATMENT, CARE AND SUPPORT

2.1 IF YES, is there an operational definition for orphans and vulnerable children in the country?

Yes (0)

243)

2.2 IF YES, does the country have a national action plan specifically for orphans and vulnerable children?

Yes (0)

244)

2.3 IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?

No (0)

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245)

Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?

7 (7)

246)

Since 2007, what have been key achievements in this area:

- Launch of the National Programme of Action on Children affected by HIV covering all aspects related to children and HIV. - The implementation of Decree 67/2007 provides financial support to AIDS orphans as well as children living with and affected by HIV. - Support for OVC, including

nutrition and schooling is increasingly available.

247)

What are remaining challenges in this area:

- Stigma and discrimination poses a barrier for the schooling of OVC, especially those living in institutions known to be for AIDS orphans. - Operational models for the implementation of the National Programme of Action, especially community-based models have not been fully developed or disseminated. - In 2009, 803 children living with HIV (aged 6-15) were issued with health insurance cards by VAAC. However this is not official government policy. As the health insurance system is relatively new, it is not possible to assess health insurance coverage at this stage and whether it provides all the required support for PLHIV, including children over six living with HIV.