SOCIAL CONTRACTING GUIDELINES FOR HIV SERVICES IN VIETNAM
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I. INTRODUCTION

1.1 HIV epidemiological context

Since the first case of HIV in Vietnam was identified in 1990, the country has been able to keep the overall HIV prevalence at the level of 227/100,000 people. As of mid-2019, 211,996 people were living with HIV in Vietnam, 199,544 of whom had AIDS. With effective efforts from government, civil society, and the donor community, the number of new HIV cases has gradually decreased from 11,680 in 2014 to 10,453 in 2018, and the percentage of HIV-positive patients being treated at public health clinics has reached 64.2%.\(^1\)

Although the caseload has gradually decreased, much work remains for Vietnam to meet the Joint United Nations Programme on HIV/AIDS' (UNAIDS') 90-90-90 targets by 2020 and to end AIDS by 2030.\(^2\) As of July 2019, the country had achieved 81 percent of the first UNAIDS target (90% of all people living with HIV know their HIV status), 70 percent of the second target (90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy), and 95 percent of the third target (90% of all people receiving antiretroviral therapy will have viral suppression). To achieve epidemic control, Vietnam must improve its rates of HIV-positive case finding and initiation of antiretroviral treatment.

According to the Vietnam Administration for HIV/AIDS Prevention and Control (VAAC), challenges to fulfilling the national HIV/AIDS treatment and control goals and targets include:

- Every year, 10,000 new HIV-positive cases are identified and 2,000 people living with HIV die from complications. The rate of sexual transmission is increasing, especially among men who have sex with men.

- HIV testing and counseling and case detection is difficult in many regions.

- Coverage of HIV/AIDS harm-reduction interventions is limited (e.g., syringe/needle exchanges, condom distribution, methadone maintenance treatment, buprenorphine, pre-exposure prophylaxis).

\(^1\) Data provided by the Center for Health and Research Development.

\(^2\) Speech by the Deputy Prime Minister Vu Duc Dam at the 2014 Launching Ceremony to respond to the 90-90-90 goal toward ending the HIV/AIDS epidemic by 2030.
• Stigma and discrimination are still severe in households, communities, workplaces, schools, and health facilities.

The VAAC has identified several priority interventions for the national HIV/AIDS control program’s focus between 2015 and 2020. The two focus areas within community-based services are\(^3\):

• Expanded community-based HIV testing, HIV self-testing, contact tracing, and index testing

• HIV-positive case identification and linkage to care and treatment

1.2 Political context

Global policies developed by institutions such as UNAIDS, the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), and the Global Fund to Fight AIDS, Tuberculosis and Malaria emphasize the strategic involvement of civil society organizations (CSOs) in HIV programs, most often through the inclusion of key and priority population-led interventions. Many countries are using social contracts to mobilize these organizations to sustain provision of HIV, health, and other social services with public funds. India, Malaysia, Thailand, and China have successfully used social contracts as part of their sustainable HIV response. Of these countries, China shares the most similarities with Vietnam’s social, political, and HIV epidemic context.

Community-based HIV services in Vietnam—which are largely implemented by members of key and priority populations—have mobilized, cared for, and supported a vast number of people who inject drugs, people living with HIV, sex workers, men who have sex with men, and sex partners of high-risk people who the public system is often unable to reach. These grassroots efforts have played a key role in the national AIDS prevention and control program’s success.

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\(^3\) Decision No. 608/QD-TTg approved on May 25, 2012, in the National Strategy on HIV/AIDS Prevention and Control through 2020 with a Vision to 2030.

**Terms Used in this Document**

**CSOs:** A broad term referring to all civil society organizations.

**NGOs:** Used in Vietnam to denote civil society organizations that are officially registered with the government.

**CBOs:** Used in Vietnam to denote civil society organizations that are not registered with the government (and are therefore ineligible for social contracting).
Despite CSOs’ active involvement in the country’s HIV response, Vietnam’s technical guidelines for community-based HIV activities generally refer only to government implementers. The role of CSOs remains unclear in legislative and program documents and the linkage between the state and CSOs is still limited.

Vietnam’s major challenges in the coming years include its ability to effectively, quickly, and sustainably increase coverage of quality health services for key and priority populations in the context of rapidly decreasing donor funding and limited domestic investment in HIV programming. This capacity depends on the availability, accessibility, and quality of the national administrative and health systems as well as the competence and sustainability of community-based service delivery. However, while government health services have received targeted support to ensure a smooth transition from donor dependence to domestic funds, national and local strategic plans do not identify a way to transition the services provided by Vietnam’s nongovernmental organizations (NGOs) and community-based organizations (CBOs). It is therefore critical for Vietnam’s national AIDS program to develop a clear mechanism for all CSOs to continue providing community-based HIV services.

1.3 CSO contributions to national AIDS programs

In the past two decades, donor-funded NGOs and CBOs have worked closely with government AIDS programming in the areas of:

- Development and reinforcement of policies, including the HIV/AIDS Prevention and Control Law
- Behavior change communication and diversified community-based service delivery for people living with HIV and key populations
- Reaching key populations with referrals to early treatment services

CSOs have given communities a voice in HIV prevention efforts. They have contributed to national AIDS strategies and action plans, advocacy, and the development of key legal and policy documents related to addiction treatment, same sex marriage, support for children and caregivers affected by HIV, and assurance of confidentiality for HIV-infected children and caretakers.

As the country approaches its 90-90-90 targets, NGOs and CBOs are playing an increasingly important role in HIV case finding, referring clients to outpatient care, supporting treatment adherence, delivering home-based care, and providing social, psychological, and economic support to people living with HIV and their families. CSOs have contributed to stigma and discrimination reduction by raising their voices in
workshops, forums, and conferences. 2018 provincial statistics showed that CSOs provided 40 to 85 percent of HIV prevention services in PEPFAR priority provinces. Similarly, CSOs are playing a significant role in harm-reduction activities through distribution of condoms and clean needles/syringes to high-risk groups in Global Fund-supported provinces.  

1.4 Vietnam’s HIV service delivery system and the organizational capacity of the public and CSO sectors

Vietnam has a well-developed health system, within which HIV prevention, care, and treatment are well integrated. In 2019, the government launched a universal social health insurance scheme for facility-based HIV services, which will greatly improve accessibility and use of health services by people living with HIV and key populations. However, public health facilities have a limited ability to reach key populations, which hinders case detection and early treatment. Outreach to these groups has therefore been undertaken mainly by CSOs, whose coverage is limited by financial restraints, especially in complex settings such as the large cities or mountainous areas.

Statistics in PEPFAR’s priority provinces indicate that case detection and treatment uptake is highest in provinces with a strong network of community-based services. While the government provides some coordination for technical support and referral of clients for care and treatment by CSOs, these linkages are limited to the reach of a few internationally supported projects. To meet the 90-90-90 targets, Vietnam must develop a comprehensive and sustainable mechanism to support CSOs in the delivery of quality HIV services.

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II. ABOUT SOCIAL CONTRACTING FOR HIV SERVICES

2.1 Purpose of this document

Over many years of working in the national HIV response, Vietnamese CSOs have developed strong capacity for HIV service provision. To achieve full control of HIV by the year 2030, Vietnam must continue to develop and sustain CSOs’ HIV service delivery skills.

Social contracting is a viable mechanism to support this goal. This document will assist program managers and the suppliers of HIV programs at all levels, especially those who provide community-based services, to understand the legal basis for the use of government budgets to fund HIV services provided by CSOs and the process to apply for funds. This document synthesizes the guidelines and procedures relevant to planning and applying for government funding for HIV service provision. It does not elaborate the procedures specific to procurement in this sector.

2.2 What is social contracting in the response to HIV/AIDS?

A social contract is a financing process through which a government entity pays for services rendered by a CSO. The government and CSO enter into a legally binding agreement that establishes cost and service delivery targets. Successful implementation of social contracts requires:

- **Funding for community-based services**: Funds for social contracting will come from central and provincial funds allocated to the HIV/AIDS Prevention and Control Program (No.5) of the National Targeted Health Care and Population Programs.

- **Partnership**: The CSO and government must establish trust and regard each other as equal partners with unique roles and skills in the response to HIV.

- **Clear identification of the scope of services to be procured**: The contract must detail the specific needs of target populations, the services that the organization will provide, and indicators of acceptable quality and cost effectiveness. It should be clear how these services will help achieve local service provision targets.
- **Understanding of the relevant contracting policy framework**: Provincial authorities must understand how to implement HIV social contracts within broader contracting policies.

- **Clear program guidelines**: Guidelines for community-based services must clearly identify the role of CSOs and establish systems for coordination between government and CSO implementers.

- **Sufficient management capacity within the government**: Government agencies must have the capacity to ensure that the bidding process is fair and competitive, funds are adequate and released to CSOs in a timely manner, and implementation is monitored effectively to ensure quality service delivery.

- **Demonstrated capacity of the CSOs**: CSOs providing HIV services must demonstrate their capacity to participate in the competitive process, provide services that meet the expected standards of quality, and meet government regulations for minimum management practices.

2.3 Who are social organizations in the response to HIV?

HIV/AIDS social organizations in Vietnam are defined as local nongovernmental and non-private entities, whose operation principles are not-for-profit, voluntary, self-sufficient, and self-financing. Their core mandate is to protect the interests of communities in general and of people affected by HIV and AIDS, in particular.

In general, CSOs working in HIV prevention and control in Vietnam include the following:

- Vietnamese NGOs working in HIV prevention and control who are formally registered with the government

- CBOs and/or networks without legal status founded or managed by people living with HIV or key populations (e.g., injecting drug users, sex workers, men who have sex with men, and transgender individuals); CBOs may have weak administrative capabilities, requiring further technical assistance to be eligible for social contracting opportunities

- Faith-based organizations participating in HIV prevention and control activities

- Other humanitarian associations participating in HIV prevention and control activities

Professional and social organizations who are eligible for government budget allocations are **not** eligible for social contracts.
III. GOVERNMENT POLICIES AND REGULATIONS GUIDING SOCIAL CONTRACTING

3.1 Health policies and regulations governing community-based HIV service delivery

Vietnam’s Ministry of Health has issued technical guidelines and regulations that lay the foundation for the provision of community-based HIV services. Although these guidelines provide a framework for government-implemented services, they need to be adapted to identify the unique role of CSOs. These guidelines include:

- **Outreach and counseling on HIV**: Circular 06/2012/TT-BYT, dated April 20, 2012, issued by the Minister of Health, regulates establishment of HIV counseling entities and the scope of HIV counseling services.

- **Community-based HIV testing and post-test referral services**: Decision 2673/QĐ-BYT, dated April 27, 2018, issued by the Minister of Health, regulates community-based HIV testing services.

- **Community-based care and support services**: Decision 1781/QĐ-BYT, dated May 27, 2010, issued by the Minister of Health, regulates the provision of community-based HIV care and support.

- **Harm-reduction treatment for people who inject drugs**: Decision 01/QĐ-AIDS, dated January 5, 2015, issued by the Director General of the Vietnam Administration for HIV/AIDS Prevention and Control, regulates the provision of harm-reduction services for prevention of HIV transmission for people who inject drugs.

3.2 Which HIV services are best provided by social organizations?

A literature review of CSO/CBO situation analyses and capacity assessments performed in Vietnam over the last five years found that social organizations that worked in the field of HIV prevention successfully provided the following services:

- Outreach to people living with HIV and key populations to provide information and counseling
• Referrals to connect key populations with social organizations and trained lay-test workers for home- or community-based HIV testing

• Distribution of and guidance on the use of condoms, lubricants, needles, and syringes for HIV prevention

• Peer education to introduce people who inject drugs to substitution treatment, such as methadone and buprenorphine

• Referral of people living with HIV to antiretroviral treatment and care services, including support for treatment adherence

• Provision of home-based care and support to people living with HIV

• Support for people living with HIV to enroll in social health insurance

• Support for access to other healthcare and social services

Given ongoing developments in HIV prevention and treatment technology, CSOs’ capacities are expanding to include testing and referrals for pre- and post-exposure prophylaxis.

3.3 What is the existing policy framework for implementing social contracting?

The Government of Vietnam’s key financial and procurement policies allow certain social services to be paid for or procured through government budgets. Social organizations are eligible to apply for these funds. The following policy documents provide details of such eligibility:

• **Decree 32/2019/NĐ-CP, dated April 14, 2019, issued by the Government of Vietnam**: Attachment 1 (forms 01 and 02) and Attachment 2 list public services to be outsourced, including the general categories of health services and disease prevention programs. Note: The list pertaining to central government entities is issued by the Prime Minister. The list governing services at the provincial level is issued by the chair of the Provincial People’s Committee.

• **Decree 32/2019/NĐ-CP**: This document states that provision of listed services will be procured by the responsible central or provincial government agencies through competitive bidding or by direct order to the social organizations and/or private sector, depending on justified needs and compliance with outlined
procedures. Community-based HIV services will always be procured at a sub-national level.

3.4 Government financing policies related to social contracting for HIV services

In general, government funding for HIV programs comes from the National Targeted Health Care and Population Programs, HIV/AIDS Prevention and Control (program No. 5), which is funded by both the central and provincial government budgets. These financial sources also cover social contracting for HIV services (HIV testing, for example) submitted and approved through the process described in Chapter IV of this document.

Central government policies and guidelines applicable to financing community-based private HIV service delivery

Although specific policy guidelines for contracting of community-based HIV services do not yet exist, the existing policy framework for health financing allows government entities to allocate funds and enter into legal service contracts with social organizations in the field of HIV/AIDS. The following documents establish Vietnam’s policy framework for social contracting for HIV services:

- State Budget Law 83/2015/QH13 issued by the National Assembly’s 13th Session
- The Public Investment Law 49/2014/QH13 issued by the National Assembly’s 13th Session
- Related decrees approving the National Socio-Economic Master Plans for specific periods issued by the National Assembly and other government entities. For example:
  - Decree 142/2016/QH13, dated April 12, 2016, issued by the National Assembly’s 13th Session on the National Socio-Economic Master Plan for 2016-2020
  - Decree 69/2018/QH14, dated November 08, 2018, issued by the National Assembly’s 14th Session on the National Socio-Economic Master Plan for 2019
  - Decree 70/2018/QH14, dated November 09, 2018, issued by the National Assembly’s 14th Session on the National Budget Plan for fiscal year 2019
Decree 01/NQ-CP 2019, dated January 1, 2019, issued by the Government of Vietnam on the tasks and key measures for implementation of the National Socio-Economic Master Plan and its budget proposal for fiscal year 2019

Documents guiding implementation of state policies on the use of government budgets

- Decree 32/2019/NĐ-CP, dated April 14, 2019, on the procurement and/or bidding for social services using the Regular State Budget
- Decree 16/2016/NĐ-CP, dated March 3, 2016, and Decree 132/2018/NĐ-CP, dated October 1, 2018, on the management and use of official development assistance
- Decree 93/2009/NĐ-CP, dated October 10, 2009, on management and use of foreign NGO funding

Related health care strategies, strategic plans, and financial guidelines for 2019 and from 2020 onwards

- Five-year and annual master plans for health care, approved by the National Assembly, for 2016–2020 and beyond
- Health budgeting guidelines for each period issued by the Ministry of Planning and Investment and the Ministry of Finance
- Program No.5 of the National Targeted Master Plan for Health Care and Population for each five-year period (current period is from 2016–2020)

3.5 Provincial policies applicable to social contracting for HIV services

- Resolutions of the Provincial People’s Council on the five-year and annual provincial socio-economic plan and budgets for 2016–2020 and beyond that include HIV within the overall healthcare program.
- Health budgeting guidelines for each period (five-year and annual) issued by the Provincial Department of Planning and Investment and by the Provincial Finance Department that include an HIV program component.
- Annual budget allocation guidelines for the HIV program issued by the Provincial Department of Health.
3.6 Government regulations on social contracting reporting, monitoring, and evaluation

**Reporting requirements**

All state agencies, including the National Assembly, central government agencies, and provincial authorities and their peripheral levels, must report on the implementation of social contracts. Reporting activities can be implemented regularly or on an ad hoc basis in accordance with existing legal regulations and must adhere to published standard formats.

Reporting requirements begin at the start of implementation and continue until all results and products required by the contract have been produced and approved and the account has been settled.

**Monitoring and evaluation of implementation**

Contracts’ adherence to state policies, master plans, and budgets must be monitored and evaluated throughout implementation. These activities must be well planned and strictly follow the established guidelines. Further auditing and investigation can be conducted years after completion of activities, if needed.

The monitoring and evaluation of social contracts is conducted by the agencies and/or committees determined at the national or subnational level. In addition, community supervision and assessment are important aspects of monitoring the use of public funds.
IV. BUDGETING PROCESS FOR SOCIAL CONTRACTING FOR HIV SERVICES

4.1 Basic concepts related to the state financial process

The state budget includes all revenue earned and expenditures made in a given period (normally for a fiscal year) by state agencies. The state budget includes:

- **The central budget**, which encompasses revenue and expenditures approved and allocated to central-level agencies.

- **Local government budgets**, which include revenue and expenditures approved and allocated to local governments by the state.

Budgeting for HIV social contracts is an integral part of the Ministry of Health and provincial authorities’ overall financial processes. To obtain funding from the state budget, CSOs must strictly follow the Ministry of Health or respective provincial authority’s process for annual planning and budgeting.

The process of proposal development, approval, bidding, and/or selection of tenders for social contracts is integrated in the annual budgeting cycle. This process starts with the development of an annual socio-economic master plan and budget governing national and local levels. Through this plan and budget, social organizations will be informed of the government’s timing and process for social contracting.

4.2 Standard budget planning process

**STEP 1 – Initiation**: This step often takes place in May and June.

The Ministry of Health is responsible for initiating the annual planning process under the guidance of the Ministry of Planning and Investment and Ministry of Finance.

**Note**: Within this process, HIV is program No. 5 of the overall work plan of the Ministry of Health.

**STEP 2 – Preparatory work**: This step often takes place in June and July.

**At the central level**: The Department of Planning and Finance of the Ministry of Health is responsible for preparatory work that informs, guides, collects, and synthesizes specific planning and budget proposals from all central health institutions. The Vietnam Administration for HIV/AIDS Prevention and Control contributes to the preparation of the
draft HIV/AIDS annual work plan and budget, which is submitted to the Planning and Finance Department.

**At the provincial level**: The provincial departments of planning and investment and provincial finance departments prepare draft annual work plans and budgets. Provincial health services request the province’s center for disease control to include HIV/AIDS activities in their work plan and budget.

**Note**: In this step, it is critical to note that all social contracting activities and programs planned for the year must be included in both the central- and provincial-level draft plans and budgets.

**STEP 3 – Synthesize and submit draft annual work plan and budget**: This step often takes place at the end of July or early August.

The government agencies in charge of coordination work with all the peripheral institutions or authorities, including HIV/AIDS institutions at all levels, on their draft annual work plan and budget to make necessary revisions before official submission.

**STEP 4 – Government review**: This step takes place at the end of August to September.

All annual work plans and budgets are reviewed by the Ministry of Planning and Investment and Ministry of Finance. During this process, the two ministries will consult with the agencies and provinces regarding their proposed plans and budgets. Based on these reviews, tentative budget allocations will be made.

**Note**: Each September, the HIV/AIDS program will receive tentative information about budget allocations, including the budget for social contracts.

**STEP 5 – Revision and finalization of annual work plan and budget**: This step often takes place in mid- to late September.

At this stage, central state agencies, including the Ministry of Health and the provincial governments, finalize their annual work plans and budgets and submit them to the government for official approval.

**STEP 6 – Final submission of annual work plan and budget for official government approval**: This step is often completed in October.

This is the final step of the process for preparation and submission of the annual work plan and budget. Only after receipt of official government approval can the state agencies begin implementation.
4.3 Budget submission and approval

**STEP 1** – Government submits the national socio-economic annual plan and budget to the National Assembly: This step often takes place at the end of October.

Normally, the government will submit the national socio-economic annual plan and budget to the Standing Committee of the National Assembly for review, revision, and finalization before official submission to the National Assembly at the end of November.

**STEP 2** – National Assembly reviews and approves the national socio-economic development plan and budget: This step often takes place at the end of October to November.

During its second annual meeting, the National Assembly reviews, comments on, and approves the annual national socio-economic plan and budget. The National Assembly Resolution is an official approval of the national plan and budget.

**STEP 3** – Detailed guidelines issued to state agencies and local governments for implementation: This step often takes place at the end of December.

Based on the Prime Minister’s official decision on targets and budget allocations, the Ministry of Planning and Investment and the Ministry of Finance will officially inform each state agency and provincial government of its decision and provide detailed guidelines for execution.

**STEP 4** – Sectoral work plans are approved and budgets allocated: This takes place in January.

Following the official information and guidelines issued by the Ministry of Planning and Investment and Ministry of Finance, all the ministries and provinces will begin planning for implementation and must properly inform and guide their peripheral institutions.

The Vietnam Administration for HIV/AIDS Prevention and Control plans and implements the national HIV/AIDS program funded by the central government budget. The approved provincial health sector work plans guide implementation funded through local government budgets, which is where decisions will be made regarding delivery of services through social contracts.
V. PROCEDURES FOR SELECTING CSOS FOR SOCIAL CONTRACTS

The selection of CSOs for projects using government funds has to comply with the general provisions of the Bidding Law, governmental decrees, and guiding circulars of the Ministry of Planning and Investment, including the following documents:

- Bidding Law No. 43/2013/QH13
- Decree No. 63/2014/ND-CP dated June 26, 2014, of the government, detailing the implementation of some articles of the Bidding Law on contractor selection
- Decree No. 32/2019/ND-CP dated April 10, 2019, of the government, stipulating the assignment, ordering or bidding for the provision of public products, and services using recurrent state budget sources
- Circular No. 10/2015/TT-BKHĐT dated October 26, 2015, of the Ministry of Planning and Investment, detailing contractor selection plans
- Circular No. 14/2016/TT-BKHĐT dated September 29, 2016, of the Ministry of Planning and Investment, detailing the preparation of bidding documents for non-consulting services
- Circular No. 26/2018/TT-BTC dated March 21, 2018, of the Ministry of Finance, regulating the management and use of non-business funds to implement the National Target Program on Health and Population for the period of 2016–2020

5.1 Determining costs for social contracting

Cost estimation

Cost estimation is the first step in financial planning for any social contracting process. Pursuant to Article 22, Decree No. 32/2019/ND-CP dated April 10, 2019, of the government, estimation of costs for social contracts is conducted as follows:

- The cost estimation must be carried out annually.
- In the case of assigned tasks for ordered products/services: cost estimation for the current year can be based on the list of public products and services detailed by quantity, volume, unit price, service price, and estimated cost of the preceding year.
In the case of bidding: cost estimation for the current year can be made based on a combination of the bidding results for the preceding year and expected fluctuations in cost of inputs.

The Provincial Center for HIV/AIDS Prevention and Control (PAC) shall estimate the cost of providing public services during development of its budget estimate for submission to the Department of Health (DOH), in accordance with applicable regulations.

Based on the specific conditions of each program, the cost estimation can either be guided by the social contracting financing agency or by demand for services.

**Approval and allocation of costs/budget estimates**

Under the provisions of Article 23, Decree No. 32/2019/ND-CP dated April 10, 2019, of the government, the approval and allocation of funding is determined as follows:

- Based on cost estimates submitted by the DOH, the Provincial Department of Finance (DOF) synthesizes it and advises the Provincial People’s Committee to submit the cost estimate to the Provincial People’s Council for approval.

- Upon approval by the Provincial People’s Council, the Provincial People’s Committee authorizes the Provincial DOF to allocate the approved budget to the specified provincial agencies, including the DOH.

- Upon the Provincial People’s Committee’s authorization, the DOF notifies the DOH to prepare and submit the final social contract budget estimate for the health sector.

- The DOH uses the social contract budget estimate when making final budget allocations to the PAC.

**5.2 Bidding and contract process**

Article 54 of the Bidding Law No. 43/2013/QH13 identifies the following steps for issuing tenders and evaluating proposals for community-based services implemented through social contracting:

- Preparation of tender

- Implementation of competitive bidding

- Evaluation of bidding documents, proposals, and contract negotiations
• Submitting, appraising, approving, and publicizing contractor selection results

• Finalizing and signing contracts

**Note:** The selection of a contractor through public procurement is the same as the selection of a contractor to enter into a contract for non-consulting services or for goods procurement for a project (Article 82, Decree No. 63/2014/ND-CP dated June 26, 2014).

**Preparation of a tender for a social contract**

After a program budget has been approved and the decision has been made to engage CSOs in the delivery of community-based HIV services, the next step is to design a tender requesting proposals from CSOs for these services. Tenders are not required for contracts less than VND 500 million, as stipulated in Item e, Clause 1, Article 22 of the Law on Bidding No. 43/2013/QH13 and Article 54 and Article 56, Decree No. 63/2014/ND-CP. If a no-bid contract is issued the following processes do not apply.

Social contracting tender requirements can be found in Article 5, Circular No. 10/2015/TT-BKHĐT, and include the following components:

- **Contract name:** The name of the contract should reflect the type(s) of work required (HIV counseling and testing, antiretroviral therapy adherence, home-based care, etc.) and the scope of work of the contract (timeframe, target population, number of people served, etc.). Contracts should be designed with specific and clear deliverables and should avoid combining non-related services.

- **Amount of contract value:**
  - Contract values are determined based on the program budget and the estimated cost of fulfilling the services and deliverables.
  - The estimated payment for each unit of service (e.g., reimbursement for each person referred to HIV treatment) may be based on cost estimation or previous levels of funding.

- **Determining contractor category:** For each contract, the categories of contractors eligible for funding must be clearly stated in compliance with the provisions of the legislation on bidding. This includes domestic or international registration of the contracting organization.

- **Source of funding:** For each tender, the source of funding or the method of financial arrangement and period of performance must be clearly stated.
• **Type of contract:** Community-based HIV services will usually be procured via one of the following contract types:

  • *Fixed unit-price,* which reimburses based on set unit prices throughout the duration of the contract (e.g., VND per individual tested for HIV).

  • *Time-based contracts,* which reimburses based on a specific time period (e.g., VND per day a CSO consults in the design or evaluation of government HIV clinical services).

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**Evaluation and approval of a tender requesting proposals**

Once a tender requesting proposals has been developed, it must be evaluated and approved by relevant program and bidding experts. Article 6, Circular No. 10/2015/TT-BKHĐT and Article 7, Circular No. 10/2015/TT-BKHĐT regulate the evaluation and approval process for tenders. Depending on the specific conditions of the project, the basic steps are as follows:

• Tenders for HIV/AIDS social contracts will be submitted to the PAC and provincial center for disease control.

• Within 20 days of submission, the DOH evaluates each proposed tender and prepares a report with general comments and the decision to either approve or reject the tender. If rejected, the DOH will provide specific reasons and possible solutions.

• Once the DOH approves a tender requesting proposals, it is sent to the Provincial People’s Committee, which must approve it within five days.

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**Publicizing an approved tender and evaluating bids**

Article 8, Circular No. 15/2010/TT-BKHĐT identifies the following steps for a tender for HIV services after it has been approved by the DOH and the Provincial People’s Committee:

• Within seven working days, the PAC publicizes the tender on the national bidding network.

• The PAC gathers and evaluates bids from CSOs.

• The CSO with the highest score is selected to win the bid.
Social contract negotiation, signing, and implementation

Regulations guiding social contracts can be found in Decree No. 63/2014/ND-CP, of which Article 89 identifies the general principles of contract signing and Article 90 guides contract pricing. In the process of formulating cost estimates and setting the price of contracts, concerned parties may apply the prices prescribed in Article 9, Circular No. 26/2018/TT-BTC dated March 21, 2018, of the Ministry of Finance, which provides regulations on management and use of non-business funds to implement the National Target Program on Health and Population for the period of 2016–2020.

Once a contract has been agreed to and signed by the PAC and the CSO, the PAC is responsible for monitoring the implementation of the contract.

5.3 Contract payment processing

Article 24, Decree No. 32/2019/ND-CP dated April 10, 2019, of the government on implementation of approved costs and budget estimates includes the following guidance for contact payments:

- The PAC collects the CSO's reports and records documenting fulfillment of the agreements set forth in the contract. Once this documentation has been received, the PAC issues payment to the CSO.

- When the contract is completed, the DOH verifies the deliverables conform with the quantity and volume standards outlined in the contract. If there is a reason to stop implementation of the contract, and there are remaining funds, those funds shall be adjusted in the budget estimates in accordance with the provisions of the State Budget Law and applicable guiding documents.
INTERNAL PROCEDURES FOR BUDGET ESTIMATION OF SOCIAL CONTRACTS

- PAC prepares and submits estimates to DOH

- DOH Financial and Planning Division synthesizes estimates
  - DOH prepares and submits the estimate to DOF

- DOF Administration Division includes DOH estimates in provincial budget estimates
  - DOF prepares and submits budget revenue and expenditure estimation to PPC

- Provincial People’s Committee convenes meetings, reviews, and consults with relevant agencies about the estimate, and makes corrections as necessary
  - Provincial People’s Committee submits budget revenue and expenditure estimate to the Provincial People’s Council for approval

PROVINCIAL CENTER FOR HIV/AIDS PREVENTION AND CONTROL (PAC)

- DOH assigns budget revenue and expenditure estimation to relevant units

DEPARTMENT OF HEALTH (DOH)

- DEPARTMENT OF FINANCE (DOF)

- DOF notifies relevant agencies about budget and expenditure estimates

PROVINCIAL PEOPLE’S COMMITTEE

- Provincial People’s Council issues a resolution on the provincial budget revenue and expenditure estimates at the year-end session

PROVINCIAL PEOPLE’S COUNCIL
CONTRACTING PROCESS

Provincial Center for HIV/AIDS Prevention and Control (PAC) prepares the tender and submits it to the Department of Health (DOH).

DOH evaluates and approves the tender and submits it to the Provincial People's Committee (PPC).

PPC approves the tender and submits it to the Provincial Center for HIV/AIDS Prevention and Control (PAC) for bidding.

PAC publicizes the tender.

PAC selects a qualified civil society organization.

PAC negotiates and signs the contract, monitors implementation, and makes payments.