

Vietnam Research Situation Analysis on Orphans and Other Vulnerable Children Country Brief

**Boston University
Center for Global Health and Development**

in collaboration with

Hanoi School of Public Health

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Program Relevant Research Priority Areas

- OVC survey to accurately determine the magnitude and characterization of OVC population in terms of total number of OVC by geographic area and categories of OVC by sex, age, and needs.
- Evaluation of the effectiveness and impact of various OVC interventions and models of care.
- Determination of cost and cost-effectiveness of OVC interventions.
- Studies to address specific service domain knowledge gaps and questions.¹

Recommended Supportive Actions for OVC Research

- Develop National OVC Research Agenda with implementation strategy, backed by resources.
- Commission National Longitudinal Cohort Study to evaluate over time the effectiveness and impact of interventions on OVC.
- Provide funding mechanism for OVC research by setting up an OVC research fund or allocating at least 10% of OVC budgets to research.
- Develop a robust M&E framework for OVC. Set up a central OVC database to capture among other essential data, information on all OVC service organizations by geographical and service coverage, and numbers of OVC by gender, age, and geographic area.

Key Findings

Magnitude of OVC

- 23,400 children under 19 years infected with HIV (MOH 2005)
- 1.5 million orphans from all causes (Childinfo, 2008)
- 69,000 children orphaned by AIDS (UNAIDS 2007)
- 16,000 children living on the street (MOLISA 2008)
- 14,600 children living in institutions (MOLISA 2008)
- 4,600 - 12,200 children using drugs (MOLISA 2008)
- 15,000 - 20,000 children engaging in CSW (MOLISA 2008)

National Response:

Legislation, Policies and Strategies:

- ✓ Law on the Protection, Care and Education of Children
- ✓ Action Program on Reproductive Health and HIV/AIDS Prevention Education for Secondary School Students, 2007-2010.
- ✓ National Plan of Action for Children Affected by HIV and AIDS

Service Providers²:

- ✓ International NGOs – 59%
- ✓ Local NGOs – 18%
- ✓ Government – 18%
- ✓ Faith-based – 5%
- ✓ USG/PEPFAR Contribution: 6,800 OVC reached in 2008.

Research: Eight studies conducted (2004-2008); 5 specifically on OVC.

Knowledge Gaps:

- ✓ Magnitude and Characterization of OVC
- ✓ Stigma and Discrimination-causes, Effects, Effective Interventions
- ✓ Effectiveness of OVC Interventions
- ✓ Cost, Cost-Effectiveness and Sustainability of Interventions
- ✓ Challenges facing Adolescent OVC and Effective Interventions
- ✓ Specific Service Domain Gaps

Overview

Addressing the needs of orphans and vulnerable children (OVC) and mitigating negative outcomes of the growing OVC population worldwide is a high priority for national governments and international stakeholders across the globe who recognize this as an issue with social, economic, and human rights dimensions. Assembling the relevant available data on OVC in one place, and acknowledging the gaps that still exist in our knowledge, will assist policy makers and program implementers to make evidence-based decisions about how best to direct funding and program activities and maximize positive outcomes for children and their caretakers.

This Research Situation Analysis, Vietnam Country Brief presents a program-focused summary of available information on:

- The number of orphans and vulnerable children in Vietnam.
- Current policies, programs and interventions designed and implemented to assist them.
- Gaps in these policies, programs and interventions.
- OVC research conducted between 2004 -2008.
- Gaps in the OVC evidence base.

The Brief analyzes the available data for critical gaps in the national response and our understanding about whether current interventions are fulfilling the needs and improving the lives of vulnerable children. The report then recommends actions required to increase the knowledge base for improving the effectiveness and impact of OVC programs.

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¹ See Table 1

² Based on 22 organizations sampled

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Method

A Research Situation Analysis for Vietnam was conducted between February and April 2009. It involved both an extensive literature review and primary data collection. The latter involved administration of a survey questionnaire and key informant interviews. A list of 22 organizations working in the area of OVC care and support in Ho Chi Minh City and Hanoi was compiled based on consultation with respondents from the Vietnam Administration for HIV/AIDS Control, the Ministry of Health, the Department of Child Care and Protection, Ministry of Labor, Invalids, and Social Affairs (MOLISA), the Institute for Population Social Studies at the National Economics University, the Center for Research and Training on HIV/AIDS at the Hanoi Medical University, Pact Vietnam, USAID Vietnam, Save the Children, Family Health International, and other. A detailed country report was then compiled, from which this brief was prepared. Staff from these 22 OVC organizations were contacted. Eight key informants completed self-administered questionnaires and 10 participated in in-depth interviews representing 8 organizations. We also conducted a detailed literature search.

Findings

Definition of OVC

The Vietnam government defines an OVC as a person under 16 years of age under any of the following categories: HIV positive, orphaned due to any cause, living with HIV-positive parents or guardians, most at risk of HIV infection, living on or off the street, using drugs, engaging in commercial sex work or sexually exploited, child of commercial sex workers and drug users, living in institutions, trafficked (MOLISA, 2008).

According to the President's Emergency Plan for AIDS Relief (PEPFAR) an OVC is "a child, 0-17 years old, who is either orphaned or made more vulnerable because of HIV/AIDS." PEPFAR recognizes that a vulnerable child is one who is living in circumstances with high risks and whose prospects for continued growth and development are seriously impaired, and the term OVC may refer to all vulnerable children, regardless of the cause.

The definitions are similar but vague particularly in regard to the conditions that make a child "vulnerable." As a

result OVC service organizations and other stakeholders develop varying definitions, all of which fit into both the Vietnam government and PEPFAR definitions but contribute to a lack of clarity about the magnitude of the OVC problem and the most appropriate programmatic responses.

OVC in Vietnam: Magnitude of the Problem

Vietnam's HIV epidemic is still in a concentrated phase, with the highest seroprevalence among key populations at higher risk, including injecting drug users (IDUs), female sex workers (FSWs) and men who have sex with men (MSM) (MOH 2008). HIV prevalence in the general population is estimated to be approximately 0.5 percent, and because of the overlapping risks of injecting drug use and unprotected sex, this number is increasing (PEPFAR 2007).

The growing HIV epidemic has created an increase in the number of OVC. Although the total number of OVC is not exactly known, the most recent estimates from different sources provide the following epidemiologic picture:

- 23,400 children under 19 years infected with HIV (MOH 2005)
- 1,500,000 orphans from all causes (Childinfo, 2008)
- 143,000 orphans from all causes (MOLISA 2008)
- 69,000 children orphaned by AIDS (UNAIDS 2007)
- 16,000 children living on the street (MOLISA 2008)
- 14,600 children living in institutions (MOLISA 2008)
- 4,600-12,000 children using drugs (MOLISA 2008)
- 15,000-20,000 engaging in CSW (MOLISA 2008)

A key problem, however, with data on the OVC population is that inconsistent estimates from multiple sources are also circulating in the country and specific numbers are often the median number derived from a wide range (as shown above with the estimates of children using drugs and engaging in sex work). The most frequently cited estimate of the total OVC population is 283,667 (MOLISSA 2003). This number includes all children infected or affected by HIV, but does not include children most at risk of HIV infection due to behavior or living situation or children orphaned by causes other than HIV.

Because the HIV epidemic in Vietnam remains concentrated among high risk groups, acting now to better understand the magnitude and socio-demographic characteristics of orphaning and other forms of childhood vulnerability can provide a foundation for building OVC

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care and support programs of appropriate design, size, and scope.

National Response

Vietnam has made great strides in providing a policy and legal framework for children affected by HIV and AIDS and other vulnerable children. Some policies and legal instruments include:

- Law on the Protection, Care and Education of Children (passed in 1991 and amended in 2004, also provides for the protection of children affected by AIDS against discrimination).
- Decision 19/2004/QĐ-TTg on the approval of the Programme on the Prevention of and Solution to the Situation of Street Children, Sexually Abused Children and Children Working under Heavy or Hazardous Condition, 2004 - 2010.
- Action Program on Reproductive Health and HIV/AIDS Prevention Education for Secondary School Students, 2007 -2010.
- National Plan of Action for Children Affected by HIV and AIDS, 2008 - 2010 (pending the Prime Minister's approval).
- Decision 65/2005/QĐ-TTg on the approval of community-based care for orphan, abandoned, disabled, and children infected and affected by HIV/AIDS, 2005-2010 has allowed state funding to be channeled to support projects for communities with the goal of keeping OVC in family-centered care rather than institutions.

Program Characteristics and Service Gaps

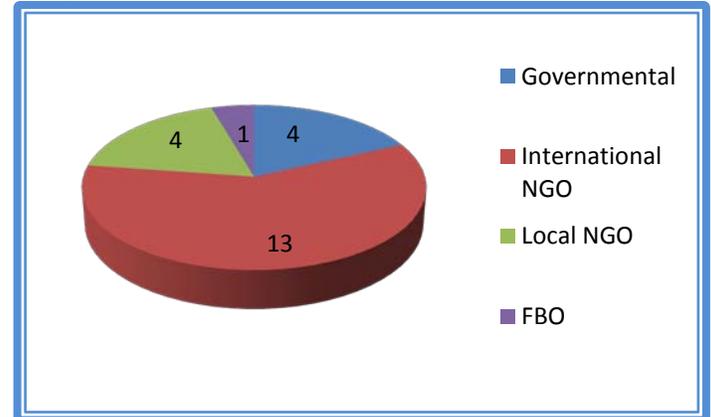
Who is providing the services?

We found no comprehensive data on organizations working with OVC in Vietnam in terms of the services they provide. The list of 22 organizations that we obtained shows that most of them are International NGOs (13; see fig. 1), cognizant of the fact that the list may not truly represent the national picture.

The program staff interviewed for this situation analysis represented 8 organizations, from government, local and international NGOs. Although data on contribution of various cooperating partners is inadequate, the US Government (USG) contribution to OVC programming is considerable, providing care and support for 6,800 OVC in Vietnam in 2008. In 2008, PEPFAR, allocated over

\$USD 25 million for prevention, care and treatment with OVC as a key target population.

Figure 1: Types of Organizations Providing OVC Services in Vietnam (2009)



What are the services provided and where are the gaps?

Several projects are providing care and support for OVC in Vietnam, but most are doing so on a relatively small scale. Some of the key programs providing OVC support are summarized below.

- Family Health International, Family Centered Care: Funded by the USG through USAID's IMPACT project and PEPFAR, FHI has provided care to 2,434 OVC, enrolled 60 HIV+ children in clinical care, and has supplied antiretroviral therapy for 45 children. This project is currently operating in 16 sites covering 7 provinces, and will be rolled out nationally in conjunction with the Ministry of Health over the next few years.
- Health Right International, MAMA+: Also funded by PEPFAR through Pact Vietnam is the MAMA+ project which focuses on providing HIV+ mothers and communities with the necessary support to keep their children with the goal of preventing abandonment and institutionalization. The program is preparing to launch a pilot foster care program in Vietnam which does not currently regulate foster care.
- Vietnam Women Union's Empathy Clubs: This project was started by the Vietnam's Women's Union to assist people affected or infected by HIV by raising awareness about the epidemic and offering small business loans. In particular, it provides assistance to elders caring for grandchildren living with HIV or orphaned by AIDS through income-generation projects. PEPFAR funding for this project is provided through the Futures Group International.

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- Thao Dan Street Children Programme: Under sponsor of Save the Children Sweden, Thao Dan provides peer education and other support and assistance for thousands of street children to protect them against abuse and exploitation, drug abuse and HIV and AIDS.

Though these programs have made a promising start in providing care and support for OVC, Vietnam still faces a number of challenges to effectively respond to the rising numbers of OVC. Adolescent and child-focused psychosocial support is only provided on a small scale. Few HIV affected children are counseled and tested for HIV. Stigma and discrimination against people living with HIV as well as OVC in Vietnam is widespread both in communities and among service providers. Implementation of Decision 65 to prioritize family-based care through economic support has been slow. Identification of OVC and their families has been difficult due to stigma and lack of clear definitions of vulnerability. In addition, interventions are frequently being duplicated due to lack of programming coordination.

Research on OVC

Eight studies on OVC conducted in Vietnam between 2004 and 2008 were identified for this review and are listed in the full country report (refer to annex 1). Of particular note are:

- A working paper by USAID and UNICEF analyzing “The evidence base for programming for children affected by HIV/AIDS in low prevalence and concentrated epidemic countries.”
- A UNICEF assessment of OVC vulnerability and need.
- A qualitative assessment of OVC care giving structures, economic situation, psychosocial needs, access to education and health care conducted by the Vietnam Commission for Population, Family and Children and Save the Children (VCPFC/SC).

- 2 studies on the impact of HIV on household vulnerability.

Of these, the VCPFC/SC study provides the most recent and detailed data. Seven of the 8 studies were conducted in cities with relatively high HIV/AIDS prevalence including Hanoi, Ha Long City, and Hai Phong, and Ho Chi Minh City.

What Information Is Missing and Most Needed?

While some valuable research has been conducted on OVC in Vietnam, significant gaps remain. With almost 30 OVC care and support programs in place in the country, and a conservative estimate of 283,667 OVC, this lack of information is hindering policy makers and program leaders from making well-informed decisions about the path forward. However, with limited resources available to divide between programming and research, a reasonable balance should be found to answer key questions without sacrificing support for critical services.

As was identified in similar research analyses for higher generalized epidemic countries, Vietnam’s research landscape lacks certain fundamental information. In the short term, the greatest impact of research will come from filling the most fundamental gaps in information: How big is the problem and who does it affect? Are current programs working, and if not, what will? What will it cost to have a positive impact? These “building blocks” will be useful both independently and in combination to make evidence-based decisions for the allocation of human and financial resources. In the medium to long term, more complex questions can be posed for even greater program benefit. These include more qualitative questions to understand the “why” behind the OVC situation, so that underlying causes of this social epidemic can be addressed in addition to mitigating the consequences. Table 1 presents some priority areas addressing both short-term and medium-term evidence gaps.

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Table 1: Recommended Research Priorities

| Priority Research Area | Key Research Question(s) | Program Utility of the Research |
|---|---|--|
| 1. Magnitude and Characterization of the OVC Population and Mapping of OVC Service Providers | <ul style="list-style-type: none"> What is the total number of OVC in Vietnam, by province and by district? What are the subpopulation groups of OVC, their numbers, sex, age, and needs? What proportion of OVC is under various living arrangements (e.g. households, institutions, etc) Who are the OVC Service Providers? Where are they working? What services do they provide? | <p>Knowledge of numbers, characteristics and needs of OVC in households, on the street, in orphanages, in children's villages or group homes, will help the country more effectively target its resources and services. This data, if collected over time, will also help the country more effectively monitor response to the interventions.</p> <p>Accurate data on service providers is vital for planning, implementation and monitoring of OVC services. It is also important for ensuring that services are well coordinated and there is no duplication of efforts.</p> |
| 2. Effectiveness of OVC Care Interventions | <ul style="list-style-type: none"> What is the coverage of OVC interventions and do they reach the right targets? What are the specific and measurable outcomes for quality and impact of different OVC interventions? Are OVC Care and Support Programs providing quality services and achieving measurable impact? | <p>Knowledge of what proportion of OVC in need is covered with the minimum package of OVC services at a point in time is a useful early indicator of program effectiveness, and would help policy makers and programmers plan how much more to scale up the programs to have the desired impact. To estimate coverage, there is need to have a good estimate of the target population; hence the need to identify total numbers of OVC and those most in need.</p> <p>For more concrete measures of effectiveness, programs can measure achievement against clearly defined desired outcomes. Common outcomes across a range of interventions facilitate the comparison of their utility and determination of the cost-effectiveness of the various interventions.</p> |
| 3. Cost and Cost-Effectiveness of OVC Care & Support Programs | <ul style="list-style-type: none"> What are the fixed and variable costs of different models of OVC care? Which models are most cost-effective for achieving desired outcomes? | <p>Stakeholders wish to make the best use of limited funds available for OVC programs. A clear understanding of the fixed and variable costs of programs provides information related to costs for scaling up effective programs.</p> <p>Combining costs with impact measures (above) assists funders in the allocation of resources towards the greatest benefit.</p> |
| 4. Drivers of Children's Vulnerability and Effective Interventions | <ul style="list-style-type: none"> What are the factors that increase child vulnerability in Vietnam and how do these factors interact with each other? How effective are the current interventions aimed at reducing child vulnerability? What are the most effective interventions for preventing and reducing child vulnerability? In an area with concentrated HIV epidemics like Vietnam, what are the most effective interventions to reduce the vulnerability of children of the Most at Risk Populations (MARPs)? | <p>Finding the most effective and sustainable OVC interventions is of highest priority, but these are very complex issues. Qualitative research on the underlying causes (drivers) of vulnerability will provide guidance for deeper interventions than may currently be available.</p> <p>More importantly, research evidence that helps find the most effective strategies to prevent and reduce child vulnerability would be the most helpful for addressing the growing numbers of vulnerable children.</p> |
| 5. Stigma and Discrimination | <ul style="list-style-type: none"> What are the origins and factors leading to propagation of stigmatizing attitudes among community members towards children affected by HIV/AIDS? To what extent are stigma and discrimination affecting the vulnerability of children affected by HIV/AIDS and their access to services? What interventions and strategies are needed to address stigma and discrimination? | <p>Stigma, discrimination and social isolation of people living with HIV are frequently mentioned in the available literature on Vietnam (Khuat Thu Hong et al, 2004). Less is known about children. Information on the origins, locus, and propagation of stigmatizing attitudes among community members toward children affected by HIV/AIDS and their caretakers is needed to develop appropriate strategies to address discrimination regarding HIV-affected children. This includes understanding local terms and factors contributing to stigma, such as knowledge of HIV or fear of infection and identifying drivers of stigma (e.g. key opinion leaders who may fuel or discourage discrimination).</p> |

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| Priority Research Area | Key Research Question(s) | Program Utility of the Research |
|--|---|---|
| 6. Challenges facing Adolescent OVC | <ul style="list-style-type: none"> What are the specific challenges facing adolescent OVC in Vietnam and what are the most effective interventions for addressing them? | Very little is known about adolescents OVC and their challenges. Most of the OVC work reaches children through families and many adolescents no longer live with families when parents pass away or are institutionalized (05/06 centers or prisons). There is therefore need to have information on the challenges they face and how best to address those challenges. |
| 7. Shelter and Care | <ul style="list-style-type: none"> What proportion of OVC are under different alternative care arrangements (institutions, extended family, group homes etc)? | Information on where the OVC are is very important for planning, implementation, and monitoring of OVC services. The four Core ³ Indicators of Formal Care recommended by UNICEF cannot be determined without having a system that monitors the numbers and proportions of OVC under various care arrangements. |
| 8. Child Protection | <ul style="list-style-type: none"> How effective are the current legal provisions in protecting the rights of OVC? What needs to be done to make them more effective? | Vietnam was the second country in the world to ratify the Convention on the Right of the Child and has tried since to support and protect the rights of the child through its legal structures. However, it is not clear how effective these legal structures are and what can be done to make them more effective. |
| 9. Food and Nutrition | <ul style="list-style-type: none"> What is the nutritional status of children living with HIV versus non-infected? | Results from a study to evaluate the impact of the HIV/AIDS on household vulnerability and poverty in Vietnam (UNPD/AusAID, 2005) show that one of strategies adopted by households coping with loss of income when having PLWHAs is cutting down on food consumption by 28.8%. We have no data on the impact of this 'coping' mechanism on OVC in terms of nutritional status, as compared to non-OVC. Such information would be useful for policy makers and programmers to put in place interventions to deal with food security for vulnerable households. |
| 10. Health | <ul style="list-style-type: none"> How does parental HIV status affect children's personality development as it relates to deviant behavior? What are the risks for children of injecting drug users and commercial sex workers? What are the factors that affect access to health care by children affected by HIV and AIDS? | <p>Data on effect of parental HIV status and personality development is important for the design of psychosocial support interventions targeted at these specific vulnerable children. Information on risks for children of MARPs would also be vital to designing interventions to deal with these risks.</p> <p>HIV affected and infected children report reduced access to basic health care services for themselves, their parents, and their care givers as a result of reduced household income. There is some evidence of discrimination by service providers towards HIV affected children and their care givers. Accurate data is needed on the relative importance of specific barriers to access to health services by HIV affected children. There is need to clearly identify barriers to health that result from worsening household economic status versus those that result from provider behavior, fear of stigma, and/or lack of child-friendly services.</p> |

³ Number of children entering formal care, number living in formal care, proportion of children leaving residential care, ratio of children in residential care versus family-based care.

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| Priority Research Area | Key Research Question(s) | Program Utility of the Research |
|--|--|--|
| 11. Education and Vocational Training | <ul style="list-style-type: none"> What are the factors that influence access to education by OVC? What are the factors that influence school retention and completion rates for orphans and other children affected by HIV/AIDS? | <p>The OVC assessment (VCPFC/SC, 2007) shows that school attendance amongst respondents of known HIV status is lower than those of unknown status 64% and 76% respectively. There is some limited anecdotal evidence that suggests that HIV infected children as compared to HIV affected children face more difficulties in getting access to education, particularly if opportunistic infections affect the appearance of the child. Data is needed on factors that influence access to education as well as completion rates for both HIV related vulnerability and other forms of vulnerability in order to effectively provide educational support for these children.</p> |
| 12. Psychosocial Support | <ul style="list-style-type: none"> What are the psychosocial needs of OVC by age group? What are the most appropriate psychosocial support interventions by age group? | <p>To develop strategies addressing psychosocial challenges, information is needed not only on the children's psychosocial situation including who is affected; but also on what psychosocial needs exist and what support mechanisms are in place. More importantly, there need to identify the effective interventions to support affected children and families. Because contextual factors play an important role in mediating psychosocial adjustment of children affected by HIV/AIDS, contextual issues need to be explored to inform program design. Therefore, evidence about the social and cultural contexts in which HIV/AIDS affected children live, and about the different psychological stressors and the strategies the children use to deal with them in the varying contexts would be particularly useful for designing and implementing context specific programs. In addition, the mechanisms of psychological support that exist both inside and outside the family structure are not well documented.</p> |
| 13. Economic Strengthening | <ul style="list-style-type: none"> How effective are the various social safety nets in mitigating the socio-economic impact of HIV on households? What are community coping mechanisms with OVC? | <p>Self reported poverty is highest amongst orphans as compare to non-orphans, 70% versus 55% respectively, and HIV-infected children as compared to children of unknown status, 79% versus 58% respectively (VCPFC/SC, 2007). Poverty is a known driving force behind mobility. Higher mobility may lead to loss of traditional family support structures, unstable living conditions, illegal residential status, reduced access to basic services, and exposure to high risk behavior. Currently, there is no qualitative or quantitative data available to support that this chain of events applies to OVC in Vietnam; and there is no data on community safety nets to deal with this situation. Social safety nets are likely to differ widely depending on the context. Little evidence is available on how these different social safety nets mitigate socioeconomic impact by including or excluding households affected by HIV/AIDS; and how effective they are. To what extent do HIV-affected households not take advantage of available services to protect their privacy?</p> |

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Recommended Supportive Actions for Program-Relevant OVC Research

In addition to prioritizing research questions to be answered in Vietnam, stakeholders can play a crucial role in creating a policy and funding environment for program-relevant research to thrive. Several key recommended actions are listed below.

- Adopt a National OVC Research Agenda with an implementation strategy clearly indicating priority research areas matched with resources. A National Research Agenda will help researchers know what areas the country needs more evidence to improve the effectiveness and impact of OVC programs and more likely help them focus on policy and program relevant national research priorities.
- Commission a National Longitudinal Cohort study, posing different research questions as needed. Following children and families being supported by various services, over an extended period of time, is the most reliable way to understand whether the services being provided are making a difference on the lives of the children, both in the short term and longer term.
- Develop and implement a strong plan to monitor and evaluate all OVC programming. Incorporate shared, well defined indicators across programs for ease of comparison.
- Set up a central OVC database to capture all demographic data on OVC, OVC care placements, service providers and their coverage in terms of services and geographically, etc. This will serve as a resource for planning and budgeting, and allow the Ministry of Community Development and Social Services know who is doing what and where and help coordinate services to improve synergy between service providers, reduce duplication of efforts, and improve efficiency in programming of resources.
- Engage national and international stakeholders to support program-relevant research. USAID, for example, has Basic Program Evaluation (BPE) and Public Health Evaluation (PHE) mechanisms to support research as well as programming.
- Provide funding mechanism for OVC Research by setting up an OVC research fund or allocating at least 10% of OVC budgets to research.
- At the program level, it will be helpful for the Department of Children services within the Ministry of Gender, Children and Social Development and partners to incorporate a National Scale-up Plan for OVC in the OVC National Plan of Action; with clear annual coverage targets matched with expected resources.

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Orphan and Vulnerable Children Comprehensive Action Research (OVC-CARE) Project

The Center for Global Health and Development has been awarded a USAID contract to fill critical gaps in the evidence base in order to improve the quality and coverage of OVC programs and guide cost-effective programming of OVC resources. For information on how to access this consortium, please contact Andrea Halverson, USAID Contract Officer's Technical Representative (COTR) at ahalverson@usaid.gov.

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Annex 1- Research undertaken on OVC between 2004 and 2008 in Vietnam

1. Children and HIV/AIDS in Vietnam: Perspectives from children living with and/or affected by HIV/AIDS and their caregivers. Vietnam Committee for Population Family and Children, 2007
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4. France Lert, Khanh Truong Huu. Children Living with HIV in Vietnam: Social Determinants of Access to Medical Care. Agence nationale de recherches sur le sida et les hépatites virales, 2008
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6. Impact of the HIV/AIDS on household vulnerability and poverty in Vietnam. Australian Agency for International Development and UNDP, 2005
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8. Programme Evaluation Report: The Child Focused HIV and AIDS Prevention Care and Support for Children Infected and Affected by HIV and AIDS Programme. Save Children UK, 2007