National HIV/AIDS Action Plan and Budget 2005-06

A Public/Private Partnership to scale up the HIV/AIDS response in Nepal

"Working in partnership with civil society to translate HIV/AIDS policy intentions into concrete actions"

EXECUTIVE SUMMARY

INTRODUCTION

The first case of HIV/AIDS in Nepal was reported in 1988. Since then Nepal has become a country with a concentrated HIV epidemic, with HIV infection occurring primarily in certain subgroups. Recent reports indicate that there are approximately 61,000 people in Nepal living with HIV, and over 4,000 reported AIDS cases. In the absence of effective interventions, it is estimated that HIV prevalence could increase to 1-2% of the 15-49 year-old population and that AIDS could become the leading cause of death in Nepal within the next decade.

The Nepal Government's National HIV/AIDS Strategy was launched in January 2003 and was translated into a National HIV/AIDS Operational Plan in July 2003. Overall, the aim is to impact on the worsening HIV and AIDS situation by slowing the spread of the epidemic and through improving the quality of life for people living with HIV and AIDS. The focus of the response is the main urban centres, and the towns and settlements along the East-West highway. Services and support will also be located in a number of hill districts, where there are high levels of out migration to India.

The National HIV/AIDS Action Plan and Budget for 2005-2006 was produced following extensive consultation about the extent of the problem, and what needs to be done about it. Stakeholders – i.e. government officials, representatives of beneficiary groups, broader civil society actors, and donor partners – are all agreed that the Action Plan provides the single point of reference for the HIV/AIDS response in Nepal. Also, the Plan and Budget is grounded on the principles of transparency, accountability, and harmonized responses, and provide the first step in Nepal's achievement of the Three Ones, namely: -

- ONE agreed AIDS action framework
- ONE national AIDS coordinating authority
- ONE agreed monitoring and evaluation framework

Stakeholders have arrived at consensus around priorities for programmatic responses and resource allocations, regular reviews and consultations, and coordination around this action framework in a way that is consistent with their respective mandates.

The Action Plan is ambitious and implementation will be a challenge. In view of this, stakeholders are working together to enhance the institutional architecture, including fund-flow, accountability and coordination mechanisms, as well as mechanisms to enhance the greater involvement of beneficiary groups and grass roots organisations.

PLAN OVERVIEW

The 2005-2006 Action Plan is presented in two parts: -

- Part One is the programme framework. It presents the full scope of programmatic activities, including planned coverage, envisioned to achieve the following strategic outcomes which were defined in the National HIV/AIDS Strategy 2002-2006: -

  i) Reduced HIV infections among vulnerable groups and young people
  ii) Expanded treatment, care and support services for people living with and affected by HIV and AIDS
  iii) Supportive policy environment to ensure effective implementation of prevention and treatment and care services
  iv) Expanded strategic information base that will include a harmonized monitoring and evaluation frame among all stakeholders in the national response and strengthened surveillance system
  v) Improved management and implementation mechanisms for an expanded response.

  The programme has five action components: targeted prevention; treatment, care and support; surveillance and research; leadership and management.

- Part Two is the financial and budget framework. It presents the estimated 2005-06 budget for all programme activities based on implementation targets and agreed unit costs. It also reflects the financial contributions of major stakeholders and the lead entity for each activity. These include USAID, DFID, the Global Fund to Fight AIDS, TB, and Malaria, the UN System, and other international NGOs. An important aspect of Part Two is the Summary Budget which shows resource allocations per programme component and the resource gaps in each as well as in the total. Annex 1 of Part Two shows the calculation of unit costs for each intervention.

The 2005-06 Action Plan addresses needs and issues that have emerged as a result of the current broader social, economic, and political context of the country and of developments within the community of stakeholders in HIV and AIDS. Two significant dynamics are recognized by the Plan: i) the value and strength of civil society organizations as implementing partners in reaching the most-at-risk and vulnerable populations, and the need to augment their organizational and implementation capabilities to perform this important role, and ii) awareness of the needs of vulnerable groups which have not been previously acknowledged as priorities, such as male sex workers, internally displaced populations, and the formal and non-formal workforce.

The Plan proposes strengthening responses and implementation in the following areas: -

i) **Targeted prevention interventions** should be comprised of a comprehensive package of services, namely peer-led information, education and communication; STI service or referrals; VCT service or referrals; condom distribution; and community sensitization. Thus, stakeholders involved in interventions for sex workers, men who have sex with men, injecting drug users, mobile populations and families, uniformed services and young people are urged to adopt this approach. Coverage targets (number of districts and persons reached) are also increased to achieve scaled-up proportions.

ii**)** **Prevention for people living with HIV and AIDS** is a critical prevention strategy and is a new activity component.

iii) Adult and pediatric care and support services need to be boosted, and coverage targets are almost doubled., including for ARV treatment.

iv) Mainstreaming AIDS issues in key Ministries and at the district level must be implemented systematically to achieve the multisectoral expansion of AIDS responses Strengthening their capacities through advocacy, programming, and institutional support is consequently provided.

v) Surveillance and research efforts should be expanded to generate adequate data on vulnerable populations.

STAKEHOLDER PROGRAMME FOCUS

The stakeholders of the Action Plan – government, civil society, bilateral and multilateral organizations, international NGOs – contribute in distinct areas according to their comparative advantage.

Prevention is the cornerstone of the Action Plan, a strategic focus consistent with the dynamics of the epidemic which show growing HIV concentration in groups having specific risk behaviours of injecting drug use and unprotected sex. Consequently, targeted prevention interventions are core stakeholder responses.

USAID and its technical partners – FHI, Policy, and PSI – invest almost half of their programmatic funding in this area. The specific component on female sex workers and clients has received major support, thus ensuring the delivery of prevention education and services, including condom social marketing, to this group. USAID supports 32% of the financing of the National Action Plan. While DFID assistance accounts 33% of pledged amount with focus on programme for Mobile population and Treatment Care and Support, assistance has also been extended to meet some of the financing gap in other areas.

The Global Fund to Fight AIDS, TB and Malaria (GFATM) contributes towards prevention, treatment, care and support. The prevention component of the GFATM focuses on mobile populations and young people, including extensive awareness-building and advocacy. The GFATM programme provides major support to the treatment, care and support component through the scale-up of ARV treatment. The 2005-06 GFATM support will account for approximately 15% of the national estimate of PLWHAs needing ARV drugs. The GFATM contribution to the total Action Plan is 18% of the resource needs.

The United Nations System likewise provides strong support to the achievement of the prevention objective, with a special focus on young people. Life skills-based education combined with HIV prevention and HIV/AIDS/Reproductive Health services are programmes that have received close to 75% of the System's AIDS programme resources. In addition, the UN System also performs a major role in social mobilization and advocacy, emphasizing civil society capacity-building, both at the central and district levels. The UN System contributes 5.8% of the resource needs of the Action Plan.

Similarly, the World Bank is providing unprecedented support to civil society development , particularly in institution-building, through a direct contribution of $ 50,000 for this year.

The local non-governmental organizations are key stakeholders in the prevention area. In particular, the Nepal Red Cross Society and the Family Planning Association of Nepal sustain ongoing awareness-raising and life-skills education for young people, especially at community levels. These two local NGOs contribute 6% to the Action Plan.

A cross-cutting theme is the role of civil society in management and implementation. Local NGOs are central mechanisms for programme delivery and have largely been the implementing partners of bilateral and multilateral donors. Their distinctive contribution has been in prevention education and services, e.g., counseling. It is envisioned that they will assume more important roles in the delivery of treatment, care and support activities.

HMGN has allocated resources to support the operations of the National Center for AIDS and STD Control (NCASC) as well as for conducting advocacy, and monitoring and evaluation activities. The national operational plan and budget complements the overall national programme as guided by the National HIV/AIDS strategy 2002-2007. The government investment in the national plan 2005-2006 is $144,606 (close to 1%), double their 2003 investment of approximately $700,000.

The 2005-06 Action Plan is costed at ***US$ 23, 609,764***, of which ***$ 14,506,383*** is already contributed or pledged by stakeholders.

Table 1 below shows the summary budget and pledged financing, broken down according to programme components. Table 2 presents the resource pledged by stakeholders.

Table 1: Budget Overview

	Total	%	Pledged	%
Targeted Prevention	17,705,677	75.0	10,180,277	70.2
Treatment Care and Support	3,545,320	15.0	2,152,740	14.8
Policy Legal reform and Advocacy	563,667	2.4	409,589	2.8
Surveillance and Research	592,000	2.5	496,485	3.4
Leadership and Management	1,203,100	5.1	1,267,292	8.7
TOTALS	**23,609,764**	**100.0**	**14,506,383**	**100.0**

Table 2: Pledged amount

Funding Partners	Pledged ($)	%
DFID	4,797,456	33.07
USAID	4,739,924	32.42
GFATM	2,621,315	17.93
Nepal Red Cross	585,070	4.00
AUSAID	406,238	2.78
FPAN	305,274	2.09
UNDP	186,000	1.27
UNICEF	182,500	1.25
UNAIDS	172,000	1.18
HMGN	144,606	0.99
UNFPA	120,000	0.82
WHO	100,000	0.68
ILO	85,000	0.58
World Bank	50,000	0.34
UNESCO	11,000	0.08
Total	**14,506,383**	**100.00**

IMPLEMENTATION OF THE ACTION PLAN

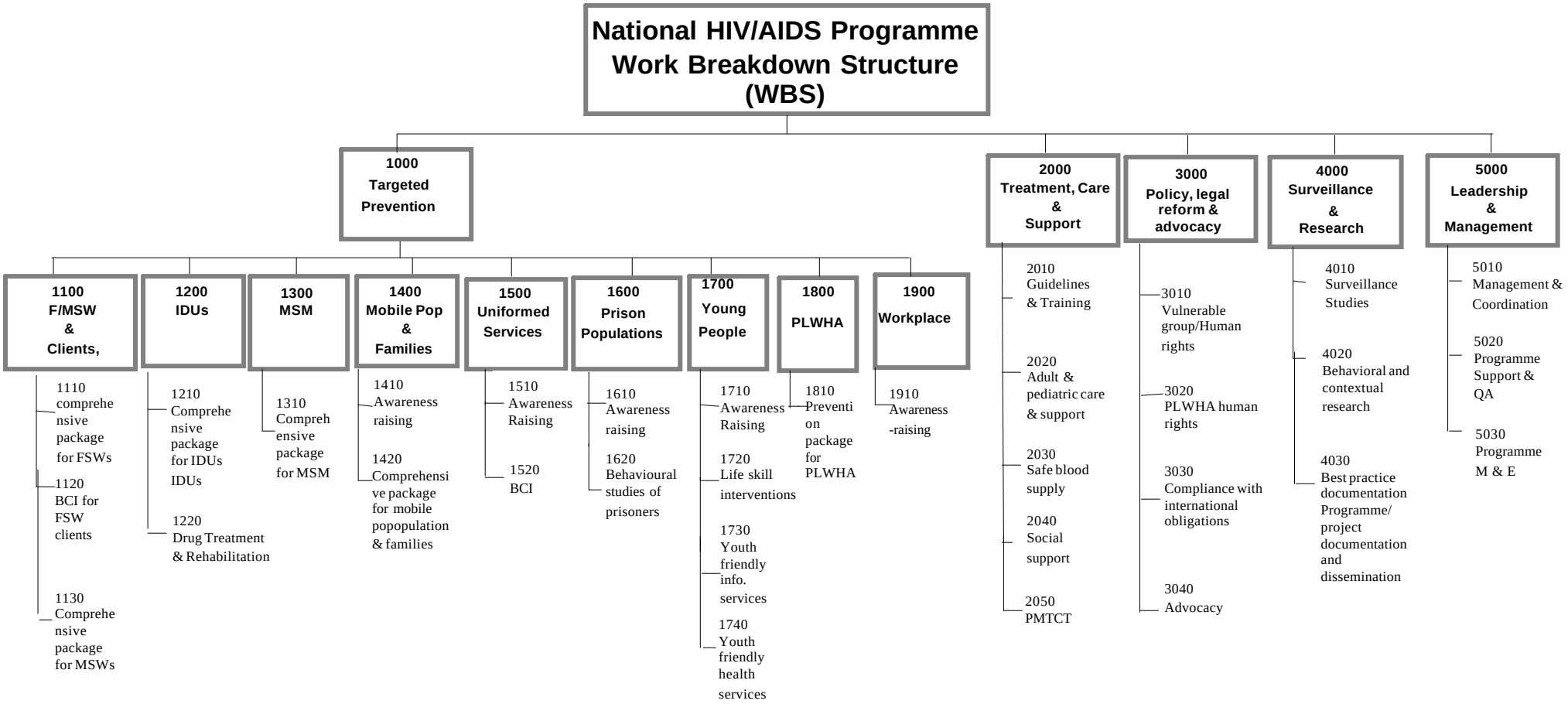
The 2005-2006 Action Plan represents a growing effort to harmonize the specific programmatic contributions of major stakeholders to the national AIDS response. Each stakeholder is committed to have appropriate detailed work plans and performance monitoring mechanisms. Reviews of the National

Action Plan will be conducted at mid-term and at the end of the Nepal fiscal year (July 2006).

PLANNING PROCESS

The planning for the 2005-2006 Action Plan featured a participatory and broad-based, multi-partner process. Multisectoral consultation workshops took place in May and June 2005 to solicit inputs and feedback from civil society, government, bilateral and multilateral organizations. A drafting committee, selected by the broad-based constituency in May, was responsible for obtaining stakeholder-specific inputs and consolidating these into the workplan framework. A consensus workshop was held in July 2005 to agree on strategic and programme priorities and coverage targets.

National HIV/AIDS Program Work Breakdown Structure (WBS)



	COMPONENTS AND SUB-COMPONENTS	COVERAGE TARGETS				INDICATORS	DELIVERABLES
		GEOGRAPHICAL LOCATION	TARGET NOS.				
			NATIONAL ESTIMATES/ NEEDS	PLANNED COVERAGE	COVERAGE GAPS		
1000 : TARGETED PREVENTION: PREVENTION OF HIV INFECTION AMONG VULNERABLE GROUPS AND YOUNG PEOPLE							
1100	**FSWs & Clients, MSWs**						
1110	***Comprehensive package for FSWs*** • Community sensitization; • Peer education/IEC; • STI service (assumed 20% requiring STI services); • VCT service (assuming 50% require VCT services) • Condom distribution/ social marketing	Kathmandu valley East west highway Biratnagar Dharan Birgunj Pokhara Bhairawa Nepalgunj Other districts		9,940 (70% of total estimation of these districts) Condom Social Marketing target: 10 million condoms for FSWs, MSWs, and MSM		% of FSWs accessing any services on a regular basis; % consistent condom users among FSWs No of VCT sites operational STI service sites operational	Peer educators IEC materials VCT centers STI services Condom supply
1120	***BCI for FSW clients*** • Peer education / IEC; • Condom provision/ social marketing; STI referral; VCT referral	Kathmandu valley East west highway Biratnagar Dharan Birgunj Pokhara Bhairawaha Nepalgunj Other districts	40,000	10,000	30,000	% of clients accessing any services on a regular basis; % consistent condom users among FSWs	Peer educators IEC materials Condom supply STI and VCT referral system

	COMPONENTS AND SUB-COMPONENTS	COVERAGE TARGETS				INDICATORS	DELIVERABLES
		GEOGRAPHICAL LOCATION	TARGET NOS.				
			NATIONAL ESTIMATES/ NEEDS	PLANNED COVERAGE	COVERAGE GAPS		
1130	***Comprehensive package for MSWs*** • Community sensitization; • Peer education / IEC; • Condom distribution/ social marketing; • STI service; • VCT service	Kathmandu valley	unknown	500 (40% requiring STI services and 50% requiring VCT Services)		% of MSWs accessing any services on a regular basis; % consistent condom users among MSWs No of VCT sites operational STI service sites operational	Peer educators IEC materials Condom supply STI services VCT services
1200	**Injecting Drug Users**						
1210	***Comprehensive package for drug users, especially IDUs*** • Community sensitization; • PHC services; • Peer ed. / IEC; • Provision of sterile injecting equipment; • Counseling; • VCT Services; • STI referral services; • Condom promotion • Harm Reduction activities	Kathmandu valley Kakarvitta Bhadrapur Damak Dharan Biratnagar Birgunj Hetauda Pokhara Bhairahawa Nepalgunj Dhangadhi Kanchanpur	30,000 (size estimation in these districts)	12,000 (40% of estimate) 6,000 (50% of targeted requiring VCT services)	18,000	% of IDUs accessing any services on a regular basis; % of IDUs using clean needles consistently No of VCT sites operational No of DIC operational STI service sites operational	Harm reduction services Advocacy materials VCT services STI referral system Condom supply
1220	***Drug Treatment and Rehabilitation*** • Oral substitution therapy including support, rehabilitation and reintegration services	Mental Hospital TUTH BPKIH, Major Cities	50,000 drug users	1000 (oral substitution) 1000 (rehabilitation)	49,000	# of IDUs on Oral substitution therapy	Rehabilitation centers

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		GEOGRAPHICAL LOCATION	TARGET NOS.				
			NATIONAL ESTIMATES/ NEEDS	PLANNED COVERAGE	COVERAGE GAPS		
1300	**MSM**						
1310	***Comprehensive package for MSM*** • Community sensitization; • Peer education/ IEC; • Condom social marketing; • Lubricant provision; • STI service or referral links; • VCT service or referral links	Kathmandu valley and at least other 16 cities	115,400 (1-3% of male population estimated to be MSM); at-risk MSM unknown	26,000 (30% requiring STI service and 20% requiring VCT)		50% accessing services on a regular basis; 5 % increase in consistent condom use from baseline	Advocacy materials Peer educators Condom and lubricant supply STI and VCT referral system
1400	**Mobile Pop. & Families (IDPs, Migrants, Men/Women)**						
1410	***Awareness Raising*** • Community orientation/ sensitization; District planning; IEC / local campaigns • District information centers • Community Media	Districts with high labour migration mainly to India	Conservative estimate: 1 million	GFATM: • 50 districts and VDC officials • 42,600 migrant workers and families		# of orientation/ sensitization workshops held; District implementation plans developed, partners identified % increase in correct knowledge	Advocacy materials IEC materials District info centers Cultural events
1420	***Comprehensive package for Mobile Pop. & Families (IDPs, Migrants, Men/Women)*** • Peer education; • Condom promotion; • STI service/VCT service / referral	Achham Doti Banke Rupandhei Chitwan Jhapa Kathmandu Biratnagar NepalGunj BirendraNagar (IDPs) Bardiya (IDP)		GFATM (STI services for 10% and VCT services for 30%) Other Districts: 10,000 Total IDPs: 10, 000		50% accessing comprehensive package	Peer educators Condom supply STI and VCT referral system

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		GEOGRAPHICAL LOCATION	TARGET NOS.				
			NATIONAL ESTIMATES/ NEEDS	PLANNED COVERAGE	COVERAGE GAPS		
		Birgunj (IDPs) Kailali Kanchanpur Transit Points to India		Total in transit points: 5,000 Total to be reached: 51,000			
1500	**Uniformed Services**						
1510	***Awareness raising*** • Orientation/ sensitization for Nepal Police, Armed Police and RNA leadership and members • Integration of HIV/AIDS into training curriculum of Nepal Police, Armed Police and Royal Nepalese Army • TOT / refresher in RNA, Nepal Police and Armed police	Royal Nepal Army Nepal Police Armed Police	85,000 48,000 20,000	8,000 8,000 4,000	143,000	HIV/AIDS curriculum integrated fully in regular training 3 orientation /sensitization programs in each group 40 persons received TOT/refresher in each group	Training system and curriculum Trainors and peer educators
1520	***BCI among US*** • Peer education / IEC among the police force; Condom provision/ social marketing; Syndromic STI management; STI Treatment Services; • Training on Universal precaution and post exposure prophylaxis • VCT facilities within Birendra Police Hospital • Staff training on the clinical management of OI, ARV and PMTCT	Nepal Police posts, Nepal Army		Police: • 1,500 police recruits • 7,000 police reached through 10 PEs RNA • 4,000 recruits • 600 officer cadets • 200 nursing assts.		5 % increase in consistent condom use from baseline 100 PE trained 1 batch of police personnel trained on STI CM, VCT, UP, PEP, clinical management of ARV, PMTCT and OIs VCT centre in Police hospital	IEC materials Condom supply VCT and STI services Training courses

	COMPONENTS AND SUB-COMPONENTS	COVERAGE TARGETS				INDICATORS	DELIVERABLES
		GEOGRAPHICAL LOCATION	TARGET NOS.				
			NATIONAL ESTIMATES/ NEEDS	PLANNED COVERAGE	COVERAGE GAPS		
1600	**Prison Populations**						
1610	***Awareness raising*** • Orientation/ sensitization of prison staff and prisoners • Condom Distribution	Kathmandu Nepalgunj Biratnagar Jhapa Mahendranagar		2 prisons 3 prisons in other cities 2000 inmates to be reached in 5 prisons		# of orientation/ sensitization workshops held; Research findings disseminated	IEC materials Condom supply
1620	Behavioural studies of prisoners	Kathmandu Nepalgunj Biratnagar Jhapa Mahendranagar		50 % of total jails in the country with appropriate sampling		Behavioural study completed	Behavioural study
1700	**Young People**						
1710	***Awareness Raising*** • Orientation/ sensitization of communities including SD • Mass media campaign; IEC/Traditional & non-traditional media; • Youth focused events • Advocacy among religious leaders	Throughout the country but prioritizing districts with high vulnerability All Urban settings Rural settings through different I/NGOs	7 Million	GFATM: • 200 district and VDC officials • Urban and district HQ youth IEC material for 19 districts District orientations (DDC level): 19 Religious leaders: Orientation for 100		% Increase in correct knowledge on HIV/AIDS/STI, modes of transmission and methods of prevention from baseline xxx number of people reached by the interventions Supportive enabling environment for young people, at the local level, for the national response	Mass media campaign IEC materials Advocacy materials and campaign
1720	***Life skill interventions*** • Integration of HIV/AIDS into formal education curricula • Training of teachers	Formal Education: Sunsari, Dang, Kapilvastu and Parsa		GFATM: In-school • 3000 teachers in 6 districts • 90,000 students		Life skills integrated into education curricula	IAIDS component in curricula Master teacher

	COMPONENTS AND SUB-COMPONENTS	COVERAGE TARGETS				INDICATORS	DELIVERABLES
		GEOGRAPHICAL LOCATION	TARGET NOS.				
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	• Peer ed. (Life skill focus) • IEC	Out of School Prog. Sunsari, Parsa, Kavre, Nabalparsi, Banke GFATM Jhapa, Rupnadehi, Chitwan, Doti, Achham, Banke RHIYA 19 districts Red Cross Districts Nuwakot, Bhojpur, Taplejung, Bajhang and Parsa Bhaktapur, Ramechap, Dolakha, Sindhuli, Parbat and Baghlung Kaski, Tanahun, Syangja,Dhakuta and Mahottari 3 more Districts to be selected		GFATM out-of-school • 1,800 PE • 18,000 young people UNICEF: Youth to be reached 185,000 with LSBE: • Formal Education: 150,000 in school students, grades one to ten for life skills based health education • Out of school: 35,000 young people between the age of 10 – 19 through 3500 peer educators Teachers: 8500		# reached with life skills based education	traniors Peer educator system (teachers and students)
1730	***Youth friendly information services*** • Information/ IEC • Web-based information • Condom provision	Kailali, Kanchanpur, Banke, Dang, Rupandehi, Syangja, Kaksi, Nawalparasi, Chitwan, Parsa, Bara, Kavre, Mahottari, Dhanusha, Sunsari, Morang, Jhapa, Dolakha, Kathmandu		UNFPA: 100 centres GFATM: • 120 PEs		# of centres established; # of young people accessing services	Information centers Peer educators

	COMPONENTS AND SUB-COMPONENTS	COVERAGE TARGETS				INDICATORS	DELIVERABLES
		GEOGRAPHICAL LOCATION	TARGET NOS.				
			NATIONAL ESTIMATES/ NEEDS	PLANNED COVERAGE	COVERAGE GAPS		
		Other districts					
1740	***Youth friendly health services*** • Counselling • STI referrals, VCT referral • Condom provision			GFATM: • 2 centers • 1200 YP with services UNFPA: 100 centres		# of centres established; # accessing services	Health services/centers
1800	**PLWHA**						
1810	***Prevention package for PLWHA*** • Community sensitization; Peer education/ IEC; Condom social marketing; lubricant provision • STI service/referral • VCT service	PLWHA Support groups in all urban settings	9,000	1,000	8,000	80%accessing service on regular basis Substantial increase in consistence condom use	IEC materials Advocacy materials STIreferral system Condom supply
1900	**Workplace**						
1910	***Awareness-raising*** • Formal and non-formal enterprises, including enterprises with large youth workforce • Peer education /IEC • VCT and STI referral • Workplace policy development			10 enterprise 5 Planned			HIV policy and prevention information Peer educators Services referrals

	COMPONENTS AND SUB-COMPONENTS	COVERAGE TARGETS				INDICATORS	DELIVERABLES
		GEOGRAPHICAL LOCATION	TARGET NOS.				
			NATIONAL ESTIMATES/ NEEDS	PLANNED COVERAGE	COVERAGE GAPS		
1900.1	***Safe blood supply*** • Quality assurance & control • Safe pool of volunteer donors • Screening of blood and blood products • Training of counselors	Blood Transfusion Service Centres of NRCS		58 BTS centres with QA/QC systems		# of centres with QA/ QC systems	Blood supply

2000 : TREATMENT CARE & SUPPORT: STRENGTHENED TREATMENT, CARE, AND SUPPORT SERVICES INCREASINGLY ACCESSED BY PEOPLE LIVING WITH AND AFFECTED BY HIV AND AIDS							
2010	***Guidelines & Training*** • Revision of VCTC and referral guidelines • Development and distribution of adult and paediatric ART guidelines • Training of professionals on adult and paediatric ART, PMTCT, rapid test, VCT • Training of doctors and health care workers on RH/HIV/STI needs of vulnerable groups	Starting in priority locations of Kathmandu valley, Far-Western Nepal and major hospitals		Guideline & training manuals ARV and OI training: 100 doctors and 200 nurses; PEP, Pediatric, and CHBC training: 50 doctors and 50 nurses; HIV/SRH for vulnerable groups: 100 doctors, 200 nurses, 200 comm. Health workers lab. personnel trained: non-health personnel trained:		# of guidelines produced; # of master training manuals produced; # of professionals trained; # of non-professionals trained	Technical guidelines
2020	***Adult & paediatric care & support*** • Training of health workers on VCTC, PMTCT • Treatment preparedness and management • ARV treatment & Management including children • Comprehensive clinical diagnostic (CCD) for PLWHAs (CD4, Viral load, TB, OI) • TB/HIV treatment and management Home & community-based care	ARV treatment: sites: Teku Hospital, Teaching Hospital BPKIS Nepalgunj PMTCT: (6 sites) Maternity Hospital, BPKIS Nepalgunj 3 more sites VCT: Teku Hospital, Teaching Hospital BPKIS	Estimated PLWHA: 60,000 Adults needing: • ARV: 12,000 (20% of estimated PLWHA) • OI: 1500 (30% of known PLWHA in Nepal) • Palliative care:4800 (40% of PWLHA needing ARV) • TB referral: 3000 (5% of estimated	VCT: 3000 (5% of total estimated PLWHA) ARV: 3000 (300% increase in current coverage) OI: 1000 Care and support, including home and community care: 3000		# accessing ARV including PMTCT # in community based care and support # of ANC clients counseled # of pregnant women completing ARV and delivering under clinical supervision	Treatment and care services

	and support (women, MSM, IDUs, including palliative care)		PLWHA) *(Note: Above estimates based on known international standards for resource-constrained countries and on Nepal statistics)* Children with HIV: 900 Children needing ARV: 90	Palliative care: 2400 (50% of estimated need) PMTCT: 42,500 (90% of ANC clients receive counseling) ARV for MTCT: 300 pregnant women Pediatric OI&ARV: 50 CCD: 3000, TB/HIV: 50 Development of community care & support kits, IEC material Integrated services including VCT, condom promotion, training, diagnostic facility			
2030	***Social support*** • Community based support for PLWHA, HIV/AIDS orphans and vulnerable children • Capacity development of PLWHA organizations • Legal support • Psychosocial support • Crisis care • Guidelines on care for survivors of sexual violence & trafficking • Training on Post rape care (PRC)/PEP	Starting at priority locations identified		PLWHAs: 3000 Children: 500 PLWHAs Org: 50 Crisis Care: 500 Sexual violence: 1000		Design of comprehensive social support plan for ARV/PMTCT, and IDU including identification of linkages to private sector and civil society (NGOs, PLWHA) Minimum standards developed for the care of orphans and vulnerable children	Service centers

						Guidelines on support and clinical management of survivors of sexual violence	
2040	***Prevention of Mother to Child Transmission (PMTCT)*** • PMTCT info and referral services • PMTCT: provision of ARV and other clinical support						ARV drugs

3000 : POLICY, LEGAL REFORM & ADVOCACY: SUPPORTIVE ENVIRONMENT FOR EFFECTIVE IMPLEMENTATION OF PREVENTION AND TREATMENT, CARE AND SUPPORT AND SERVICES							
3010	***Vulnerable groups/Human Rights*** • Advocacy on HIV/AIDS Bill • Legislative development in relation to HIV/AIDS • Follow up on the proposed amendment of Narcotic Drug Control Act 2033 (for 4th amendment) • Bi-lateral and regional interaction on issues on mobile populations • Community and national advocacy on policy and programmes for vulnerable groups			5 ministries		Priority vulnerable group related legal and policy reform process initiated; Bi-lateral and regional dialogue on mobile population initiated	Advocacy materials
3020	***PLWHA human rights*** • Legal and policy reform • Sensitization of leadership in public and private sector					Priority legal and policy reform process initiated; HIV at Workplace program initiated and workplace policies adapted in pilot organizations	AIDS policies
3030	***Compliance with international obligations*** • Regular review of international obligations • Preparation of UNGASS country report					International obligations reviewed and national programme reviewed to accommodate changes	International reports

3040	***Advocacy*** • Media collaboration on AIDS advocacy • Mobilization of national and community leadership for AIDS • Public information on national programme • Advocacy days and events National AIDS Conference; World AIDS Day events; National Harm Reduction Conference					Public fora held AIDS media coverage and support increased AIDS champions advocacy events held	Advocacy materials Community leaders

4000: SURVEILLANCE & RESEARCH: EXPANDED STRATEGIC INFORMATION BASE THAT WILL INCLUDE HARMONIZED M/E FRAME AMONG ALL STAKEHOLDERS AND STRENGTHENED SURVEILLANCE SYSTEM							
4010	***Surveillance studies*** • 2nd generation surveillance • Capacity development and plan for 2nd generation surveillance • AIDS case reporting • Needle-stick injury case reporting (assessment and development of reporting mechanisms) • HIV positive infants case reporting	Surveillance sites and areas identified under targeted prevention (high vulnerability)				2nd generation surveillance plan ready Surveillance completed and results disseminated and final report completed	Epi data/strategic information
4020	***Behavioural and contextual research*** • Review existing research • Coping strategies of infected and affected • Baseline studies on GFATM activities: migrants • Behavior study among prison population • KAP study among street based children • Youth behavioral survey					Existing researches reviewed and priority researches on vulnerability, risk behaviour, impact, coping strategies and HIV/AIDS human rights and policy, conducted	Behavioural studies
4030	***Best practice documentation Programme/project documentation and dissemination***					No. of best practice publications	Best practice materials

5000: LEADERSHIP & MANAGEMENT: IMPROVED MANAGEMENT AND IMPLEMENTATION COORDINATION							
5010	***Management and coordination*** • Creation of national and district programme coordination and resource management mechanisms • Strengthening of decentralized programme implementation system and mechanisms, including: roll out implementation of national plan to the districts; revitalization of DDCs and DACCs; training of district health staff, health centres, and health posts • Strengthening of NCASC management and implementation capacity, including expanded staffing (ME, surveillance, programme, administrative support); formal staff training; infrastructure development; technical assistance: equipment improvement • MOH strengthening, including lab services and procurement logistics and supply management • Reinforcement of civil society leadership, especially NGOs working in drugs programme. Will include: capacity building/training; institutional & organizational development • Mobilization and expanded mainstreaming of HIV and AIDS in 10 ministries: Home Affairs, Local Development, Women's Affairs, Education,		75 districts Central	5 districts	70 districts	HIV/AIDS Bill approved and autonomous body created Training guide for developing District HIV/AIDS Plan ready TOT for using Training guide conducted District HIV/AIDS plan developed in six GFATM districts. Funding available through the Interim mechanism to implement annual operation plan Drug logistic and forecasting plan in place HIV/AIDS integrated in to the regular training of Nepal Administrative Staff College	AIDS programme mgmt. Mechanism Government systems Civil society leadership Ministry AIDS programs

	Labor, Tourism, Defence, Information, Agriculture)						
5020	***Program support and QA*** Technical support to the national programme					Demand based technical support provided	Technical training
5030	***Programme M & E*** • Establishment, strengthening & running of NCASC M&E unit • Monitoring of programme outcomes • 1st year review of Performance Management Framework					NCASC M & E unit established and functional Development of M&E framework/formats and tools 1st year review of performance management framework done	M/E system