



National HIV and AIDS Action Plan 2008-2011





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2009/04/17

Foreword

Nepal is committed to implementing the “Three Ones” principle through coordinated actions between different sectors in order to scale up the response to the AIDS epidemic in the country. The present National Action Plan (NAP) is an agreed one action framework which provides broad strategic guidelines for the implementation of various activities by multiple partners.

The NAP 2008-2011 is a continuation of the framework developed under the National Strategic Plan 2006-2011 which has been in effect for the past two years. Past experiences have formulated new directions for the response including scaling up, decentralized multisectoral approaches and targeted interventions. In order to effectively implement these new responses, a better understanding of the epidemic dynamic in Nepal is necessary for all partners involved. Functional cooperation is mandatory at all levels between all partners to effectively translate the national vision into action.

There is a visible gap in resources for the response. Two strategies have been suggested to address this gap; raise funds through domestic and global resource mobilization and design cost effective interventions. The National Action Plan has clearly indicated the need to search and test such strategies to maximize the outcomes of interventions.

The current NAP is a living document intended to be updated, improved or modified periodically as internal and external environments change. This provides an opportunity for new and relevant activities to be added, and more partners to be engaged where relevant, in order to meet the National targets. With this flexibility, it is expected that all partners will accommodate their organizational strategies and activities within the framework of this Plan and contribute to and strengthen the National response to AIDS in Nepal.

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Chair, National AIDS Coordination Committee

Chair, HIV AIDS and STI Control Board

Acknowledgements

The HIV/AIDS and STD Control Board is grateful to all the members of the steering committee, task team and thematic groups for their valuable contribution in developing the National Action Plan on HIV and AIDS 2008-2011. A special thanks to the World Bank-ASAP (AIDS Strategy and Action Plan) for their technical support in costing the plan, Family Health International for their technical contribution and to UNAIDS for providing both technical and financial support in developing this plan and above all the National Center for AIDS and STD Control for continuously providing technical cooperation.

Steering Committee, Task Team and Thematic groups

NAP Steering Committee Member organizations

- HIV, AIDS and STI Control Board
- NCASC
- UNAIDS
- USAID
- PLHIV
- NPC
- MoLD
- MoHA
- MWCSW
- MoE
- Ministry of commerce and industry
- AIN
- Civil Society – Representative (NANGAN)

Member organizations of NAP Task Team

Govt.

- MoHP
- HoHA
- MoLD
- MoES
- MoLT
- MoWCSW
- NCASC
- HSCB
- NPC
- SWC
- Ministry of Commerce and Industry
- Ministry of Information and Communication

EDPs

- USAID
- UNAIDS
- WHO
- UNICEF
- DFID
- UNODC
- UNDP/PMU
- UNFPA
- WB
- ILO
- GTZ

NGOs/networks/private sectors

- PLHIV and WLHIV Networks
- Federation of LGBTIQ
- Recovering Nepal
- FSW Network
- FNCCI
- Trade unions
- NANGAN
- NEHA
- Sports (NESFADA)

INGOs

- Save the children
- FHI/ASHA
- Care Nepal
- Action Aid
- World Vision
- LWF
- UMN

Thematic Groups

- Prevention
- Treatment, Care and support
- Advocacy, Policy and Legal Reform, Leadership, Management
- Strategic Information
- Finance Resource Mobilization

Acronyms

AEM	AIDS Epidemic Model
AIDS	Acquired Immuno-Deficiency Syndrome
ANC	Antenatal Clinics
ARP	At Risk Population
ARV/T	Anti Retroviral/Treatment
BCC	Behavior Change Communication
BCI	Behavior Change Intervention
CABA	Children Affected by AIDS
CBO	Community Based Organization
CBS	Central Bureau of Statistics
CHBC	Community and Home Based Care
DACC	District AIDS Coordination Committee
DDC	District Development Committee
DFID	Department for International Development
DHO/DPHO	District Health Office/District Public Health Office
DOTS	Directly Observed Treatment Short Course
EDP	External Development Partner
FHI	Family Health International
FPAN	Family Planning Association of Nepal
FNCCI	Federation of Nepalese Chamber of Commerce and Industries
FWLD	Forum for Women and Legal Development
FSW	Female Sex Workers
GFATM	Global Fund to Fight against AIDS, Tuberculosis and Malaria
GIPA	Greater Involvement of People with AIDS
GO	Government Organization
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit
HDU	Hard Drug User
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HSCB	HIV/AIDS and STI Control Board
IBBS	Integrated Biological and Behavioral Surveillance Survey
IDU	Intravenous Drug User
IEC	Information, Education and Communication
ILO	International Labour Organization
INGO	International Non Governmental Organization
LWF	Lutheran World Federation
M&E	Monitoring and Evaluation
MARP	Most At Risk Population
MAN	Management Association of Nepal
MDG	Millennium Development Goal
MIPA	Meaningful Involvement of People living with HIV/AIDS

MoE	Ministry of Education
MoHA	Ministry of Home Affairs
MoHP	Ministry of Health and Population
MoLD	Ministry of Local Development
MoLT	Ministry of Labour and Transport
MoWCSW	Ministry of Women Child and Social Welfare
MoHP	Ministry of Health and Population
MSM	Men having Sex with Men
MSW	Male Sex Workers
NAC	National AIDS Council
NACC	National AIDS Coordination Committee
NAP	National Action Plan
NASA	National AIDS Spending Assessment
NANGAN	National NGOs Network Group Against AIDS in Nepal
NCASC	National Centre for AIDS and STI Control
NGO	Non Government Organization
NCASC	National Centre for AIDS and STD Control
NEHA	Nepal HIV AIDS Alliance
NHRC	National Health Research Council
NSEP	Needle/Syringe Exchange Program
NTC	National Tuberculosis Centre
NRCS	Nepal Red Cross Society
OI	Opportunistic Infections
OST	Oral Substitution Therapy
OVC	Orphan and Vulnerable Children
PEP	Post Exposure Prophylaxis
PLHIV	People Living with HIV
PLHA	People Living with HIV/AIDS
PMU	Programme Management Unit
PMTCT	Prevention of Mother-to-Child Transmission
PPP	Public Private Partnership
SOP	Standard Operating Procedure
STI/STD	Sexually Transmitted Infection/Disease
SWC	Social Welfare Council
UA	Universal Access
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP/PMU	United Nations Development Programme/Programme Management Unit
UNICEF	United Nations Children's Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UMN	United Mission to Nepal
UNFPA	United Nations Fund for Population Activities
UNODC	United Nations Office of Drugs and Crime
USAID	United States Agency for International Development
VCT	Voluntary Counseling and Testing
WB	World Bank
WHO	World Health Organization
WLHIV	Women Living with HIV

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Introduction

Central to Nepal's National HIV and AIDS Strategy 2006-2011 is the call to scale up universal access to prevention, treatment, care and support. This is a continuation of the National HIV and AIDS Strategy 2002-2006 that remains strongly in accordance with the aim to accelerate Nepal's response to HIV and AIDS in order to stay ahead of the epidemic. To carry this out, a National Action Plan on HIV and AIDS 2006-2008 was developed through a multisectoral participative consultation. A successor plan is necessary for sustaining the gains achieved in past years, addressing the gaps and emerging challenges, and responding to the changing needs and realities that Nepal faces in relation to HIV prevention, treatment, care and support.

This National Action Plan on HIV and AIDS 2008-2011 serves as a blueprint for articulating the necessary actions to achieve universal access to prevention, treatment, care and support over the next three years. In its effort to ensure that it is fully implemented, this Plan provides indicative resource requirements for all actions required, support pledged by different sources and addressing resource gaps. Accordingly, this planning document serves as an advocacy tool for domestic and global resource mobilization. Moreover, this Plan is Nepal's version of the "One Agreed Action Framework on AIDS", one of the Three Ones Principles which Nepal has already committed.

As with the previous National Action Plan, this Plan should be treated as a live document. Periodic assessments will be carried out and, where appropriate, revisions and/or adjustments will be made to make it more responsive to the changing needs and realities of Nepal.

Development Process

On August 2007, the Government of Nepal created the National HIV/AIDS and STD Control Board mandated primarily to formulate policies, monitor the trend of the epidemic and oversee the country's multisectoral response to HIV and AIDS. Otherwise known as the semi-autonomous entity (SAE) because of the multisectoral nature of its membership, the Board took leadership in the development process of this Action Plan in close collaboration with National Centre for AIDS and STD Control (NCASC).

A series of consultations with various stakeholders from national, regional, district and community levels

were carried out. An ad hoc Steering Committee was formed with memberships from the Ministry of Local Development, the Ministry of Labour and Transport, the Ministry of Health and Population, the Ministry of Women, Children and Social Welfare, the Ministry of Education, the National Planning Commission, various external development partners, UNAIDS (co-sponsors and Secretariat), vulnerable groups, people living with HIV and AIDS (PLHA) and additional national and international organizations. The Steering Committee, chaired by the HIV/AIDS and STD Control Board, identified the essential steps needed, provided technical direction and supported the whole development process. A task team consisting of members from different sectors was formed and, from this, fourteen theme groups were created to focus specifically on various fronts and areas as reflected in the strategies articulated in the National Strategy on HIV and AIDS 2006-2011.

Overall, seventeen consultations with relevant constituencies were undertaken to identify and agree on targets and activities under each theme. One-on-one meetings with service providers were likewise held. The planning process was highly participatory allowing for broad opportunities to learn from home-grown strategies that work in Nepal and facilitating consensus among key players. Technical support on costing was provided by the World Bank-AIDS Strategy and Action Plan (ASAP). During the development process of this Plan, a Nepali team was invited to participate in the First Asia Regional Training on Costed National Strategic Plan supported by UNAIDS. Following this training, the said team took an active part in further developing this Plan.

Finally, this Plan was guided by the findings and recommendations of the 2008 External Review of the National HIV/AIDS Response, a review of prevention of mother-to-child transmission (PMTCT) programs, STI program reviews, agreed country targets on universal access to prevention, treatment, care and support articulated in the National HIV and AIDS Strategy 2006-2011, the United Nations General Assembly Special Session on AIDS (UNGASS) Country Progress Report 2008 and the Report of the Commission on AIDS in Asia 2008.

Overview of the HIV and AIDS Situation in Nepal

As of 2008, the adult HIV prevalence in Nepal stands at 0.49% with nearly 70,000 adults and children estimated to be living with HIV. Approximately six to seven HIV cases are being reported to the Government of Nepal everyday. In December 2008,

a total of 12,387 HIV cases had been reported in Nepal; the majority of which come from the 30-39 age group. Among HIV positive people, the male to female sex ratio is 2.1:1. All modes of transmission have been reported in Nepal, however, sexual transmission and sharing of unclean needles remain the most common.

Estimated HIV Cases in Nepal 2008

Population Sub-Group	Estimated Infections
Children (0-14)	1,857
Adults (15-49)	64,585 (0.49% of total adult population)
Adults (50+)	3,348
Total	69,790
Women (15-49)	19,061 (29% of total estimated infections)

Population Sub-Group (Adult)	Estimated Infections	Estimated Percentage of Total
Labour migrants	25,049	38.8
Clients of female sex workers	9,282	14.4
Rural female	13,611	21.1
Urban female	3,514	5.4
Injecting drug users	4,781	7.4
Men having sex with men	2,321	3.6
Trafficked returned to Nepal	798	1.2
Former IDUs	1,776	2.8
Former migrant workers	1,422	2.2
Former sex workers	689	1.1
Current FSW	449	0.7
Former clients of FSW	722	1.1
Former MSM	171	0.3
Total	64,585	100.0

Nepal is described to be at “concentrated epidemic” as the HIV prevalence rate is above 5% among intravenous drug users (IDUs). Prevalence among female sex workers (FSWs) and their clients, male sex workers (MSW), men having sex with men (MSM) and returning migrant workers it remains between 1.5 and 2%.

Prevalence of HIV in Different Sub Populations

Intravenous Drug Users	23.02%
Female Sex Workers	1.45%
Men Having Sex with Men	1.71%
Migrant Workers	1.90%
General Adult Population	0.49%

In accordance with UNGASS criteria, this Plan endeavors to achieve 80% coverage by July of 2011, however, while the number of HIV service outlets continues to increase, program coverage to reach people in need of services varies. As of UNGASS 2007 38.6% of FSWs, 31.1% of IDUs, 48.5% of clients of FSWs and 46.8% of MSM in Kathmandu were reached by prevention services. The 2007 UNGASS report showed less than 2% coverage of PMTCT services from the eleven service-delivery sites indicating a need for improvement. On the other hand, all blood units collected by blood banks were screened for HIV in 2007 demonstrating that the blood safety program is fairly stable and needs to be sustained. Although coverage has improved for all services in 2008, adequate provision of comprehensive STI management remains a challenge; it is estimated that about 368,810 episode of STI need to be treated by 2010.

Coverage of FSWs for prevention showed a significant increase from 30.8% in FY 06-07 to 80.6% in FY 07-08. Similarly, the coverage for MSM also increased from 18.02% (FY 06-07) to 31.44% (FY 07-08) as did harm reduction program coverage for IDUs up from 22.58% (FY 06-07) to 30.6% (FY 07-08). Most notably, coverage of migrant workers for prevention programs has increased drastically from 31.82% (FY 06-07) to 102.87% (FY 07-08) indicating that the number reached exceeds the estimated number of migrants. It was found that this is a result of the prevention efforts targeting migrants going beyond the migrants such as spouses of migrants, partners and accessing ARPs also like potential migrants in the community i.e. youth. (Source: Routine Reporting)

According to the 2008 UNGASS Report, the number of people receiving ARV was 1,240. This number had increased to 1,992 in June of 2008 as a result of the implementation of Global Fund supported AIDS projects.

A close look at the state of Nepal's epidemic and the response to date clearly indicates that collective efforts towards scaling up the response should be the priority focus of the National Action Plan on HIV and AIDS 2008-2011. Already in a concentrated epidemic, Nepal could comfortably move into a worse scenario if appropriate measures and interventions are not put into place on time.

Key Features

The overarching aim of this Plan is to move towards universal access to prevention, treatment, care and support. In line with this, a set of universal access targets has been agreed upon by the country.

As Nepal is experiencing a concentrated epidemic, the priority for the next three years is to implement youth-friendly and targeted services to reach most-at-risk populations (MARPs), with an emphasis on adolescents within these groups. At the same time, programs for at-risk populations (ARPs), as identified in the National HIV/AIDS Strategy 2006-2011, will continue. This two-prong approach is designed to create a complementary effort to ensure that all Nepali's in need of prevention, treatment, care and support programs will be reached.

Efforts are made to reflect multisectoral interventions and plan of other line ministries either directly incorporating and costing the intervention or showing

the linkage of multisectoral activities both in terms of budget and specific activities.

Coverage Plan

As articulated in the National HIV and AIDS Strategy 2006-2011, a Service Coverage Plan has been agreed upon and detailed activities have been established to attain these service coverage targets. Multiple bases were used to set these national targets for the next three years. The principle of Universal Access has been central to setting these targets, however, the existing baseline situation, the National Monitoring and Evaluation Plan, current available service facilities and the feasibility of expanding these services has been equally taken into consideration. The indicators of the existing situation are based on currently available service data. It has been agreed that there is a need to update some of these data by population based surveys, therefore, it is planned to carry out size estimation studies for the populations of MSM and clients of FSWs at the earliest possible time during this plan period and also for FSWs, IDUs and CABA.

It is important to note that some of the indicators of current coverage by services are different from those in the UNGASS report; this is due to the use of different criteria in deriving these indicators in the UNGASS report and in this Plan. There is a strong argument that the method employed to calculate the indicators should be harmonized to make them universally comparable.

Coverage Plan

Target Groups/Intervention	Total Estimated Pop	Nos. of Pop. to be Reached	Baseline in 2007/8	% Target to be Reached in 3 yrs			Nos. to be Reached in 3 yrs		
				2008-9	2009-10	2010-11	2008-9	2009-10	2010-11
FSW	30,815	24,652	24,828	80	80	80	24,652	24,652	24,652
Clients of FSW (including transport workers)	679,555	95,000	43,000	6	9	14	40,773	61,160	95,138
Total IDUs Population	28,439	22,751	8,708	50	60	80	14,220	17,063	22,751
a. IDU to be reached with NSEP				40	50	60	11,376	14,220	17,063
IDU (Male)							10,011	12,513	15,016
IDU (Female)							1,365	1,706	2,048
b. Oral substitution	32,416	9,725	120	10	20	30	3,242	6,483	9,725
c. Rehab/drug treatment							731	1,035	1,339
d. After care (for 50% of those who attend rehab)							365	518	670
e. HDU	17,870	12,509		40	55	70	7,148	9,829	12,509
MSM	134,905	107,924	42,419	70	75	80	94,434	101,179	107,924
Prisoner	7,944	7,944		40	55	70	3,178	4,369	5,561
Seasonal labor migrants and their spouses	747,600	594,080	1,465,296 *	65	75	80	485,940	560,700	598,080
Seasonal labor migrants visiting SWs in India (1.4 mil migrants to India as per census data)	420,000	336,000		65	75	80	273,000	315,000	336,000
Spouses of seasonal labor migrants	327,600	262,080		65	75	80	212,940	245,700	262,080
Uniformed services (including cantonment)	208,000	208,000		10	15	20	20,800	31,200	41,600
Adolescent and youth	232,000	104,000		20	35	45	46,400	81,200	104,400
Adolescents and youth in school (through targeted PE)		80,000					30,000	60,000	78,300
Adolescents and youth out of school (through targeted PE)		24,000					9,000	18,000	24,012
Services									
VCT			86,137				142,530	171,236	218,895
STI cases treated			42,000				109,068	123,809	135,934
HIV positive pregnant women	1,811	453	171	15	20	25	272	362	453
Nos. of positive mothers delivering		453	116	55	75	90	249	340	408
PMTCT prophylaxis to mother and baby pair	1,811	453	85	10	18	25	181	326	453
VCT for PMTCT to ANC attendees		360,000	36,615				80,000	120,000	160,000
OI prophylaxis (nos. of cases)							38,806	46,209	53,612
OI treatment (nos. of episodes)			11,491				23,302	28,552	33,803
ARV (1st Line)	19,154	19,154	1,992	20	30	40	3,831	5,746	7,662
ARV (2nd Line)			7				84	199	352
Pediatric ART (1st line)	1,857	303	115	9	12	17	167	223	306
Pediatric ART (2nd line)			0				8	11	15
Educational support to CABA	15,531	6,212	2,771	25	35	40	3,883	5,436	6,212

*Nos. reached exceeded the estimated number due to the inclusion of migrants spouses and the community youth (potential migrants) reached under migrant category.

Targeted Interventions for Most-at-Risk Groups

The National HIV and AIDS Strategy 2006-2011 has identified two categories of populations for targeted interventions. The first category includes the most-at-risk populations (MARPs) consisting of IDUs, FSWs, MSM/MSWs, migrant workers and their spouses. In the second category fall those who are at risk; at-risk populations (ARP) consist of youth, including street children, uniformed services, prison populations and trafficked women and girls. This Plan retains these categories for targeted interventions in consistence with the implementation plan of the current National HIV/AIDS Strategy 2006-2011. It is possible, however, that with changing scenarios, these categories be modified in the next National HIV/AIDS Strategy 2011-2016.

Costing of Interventions

The unit cost of different interventions, i.e. prevention, treatment, care and support services, for each of the target groups is calculated on the basis of existing practices in the country. Costs for management, advocacy, capacity building, monitoring and evaluation have been derived in the same way. The Unit Cost Input Worksheet of UNAIDS was used to develop these costs. Similarly, the current practices of implementing partners and the indicative cost used in developing proposals for the Global Fund AIDS have been considered. The list of unit costs for each of the interventions is as follows:

Unit Costs

Activity Sets	Unit Cost (US \$) (per person per year)
Targeted Prevention	
BCC for SWs	80
BCC among clients of SWs	26
BCC for MSM	47
BCC for prisoners	28
BCC for uniformed services	8
Young People Intervention: Out of School/In School	
Life skills training	88
Peer education	2
Risk and Harm Reduction	
Injecting Drug Users	
NSEP for male IDUs	102
NSEP for female IDUs	127
OST	184

Activity Sets	Unit Cost (US \$) (per person per year)
Drug Treatment	500
After care	200
Hard Drug Users	25
Safe Migration and Mobility	
BCI	24
STI (only for drugs)	2
VCT	
Private sector VCT (STI service also integrated)	30
Public sector VCT	30
Mobile VCT and STI Camps	19
Treatment, Care and Support	
1st line ARV (adult)	182
2nd line ARV (adult)	966
1st line ARV (pediatric)	275
2nd line ARV (pediatric)	418
Crisis care center	23,000

Moving Fast Towards a Multisectoral Responses to achieve UA Targets

The first Guiding Principle for the National HIV/AIDS Strategy 2006-2011 clearly recognizes that HIV/AIDS is more than a public health concern and that a decentralized, multisectoral and inter-disciplinary commitment must be established. In recognition of this, the NAP 2008-2011 seeks to support the meaningful engagement of all sectors including people at risk of HIV infection and people affected and infected with HIV. In order to fully achieve the universal access targets it is imperative that no single sector solely bear the responsibility and corresponding accountability in addressing HIV and AIDS in Nepal. All relevant sectors must play their part and actively contribute to the response to the AIDS epidemic in the country.

In order to ensure a coordinated multisectoral and multi-level response to HIV and AIDS, the Government of Nepal has created a new national semi-autonomous body, the HIV/AIDS and STI Control Board. This Board has mandate to manage and lead the national response in a coordinated manner with the involvement of multiple sectors.

Key Interventions Planned Under the Different Strategic Areas of the National HIV/AIDS Strategy 2006-2011

4. Prevention

Prevention is the mainstay for this Plan. High priority is placed on efforts to intensify and scale up prevention programs for MARPs.

4.1 Strategic Behavior Change Communication for Most-at-Risk Populations and At-Risk-Populations

This service delivery package is targeted towards groups articulated in the National HIV/AIDS Strategy 2006-2011 and will operate as the array of services to be provided to each population sub-group mentioned below:

4.1.1. Female Sex Workers

Reports from Family Health International (FHI) show that its targeted interventions have reached almost 80% of FSWs. In recognition of this success, this Plan intends to maintain this coverage and sustain the quality of services being provided. IBBS Reports conducted by FHI revealed that a large portion of sex workers are recent recruits, therefore it is crucial to sustain service coverage among FSWs for the reduction of HIV prevalence among this group and their clients.

Building on the experiences of implementing partners, such as FHI and others, a National Toolkit for the Prevention of HIV in sex work settings will be developed and employed.

4.1.2. Clients of Female Sex Workers

For the purposes of this Plan, drivers, truckers and transport workers are taken as the major identifiable, and therefore reachable, client group of FSWs. Other clients such as men in uniformed services, IDUs, youth, high-risk migrants and industrial laborers will be reached under their respective programs. It is not easy to reach a large portion of clients who come from different sections of the general population; therefore, they will be reached predominantly through the sex workers and partly through mass media campaigns targeting the general population. The estimated size of clients of sex workers will be reviewed during this plan period in order to more accurately design and estimate the cost of services.

4.1.3. Men who have Sex with Men/Transgender

Nepal is among the few countries in the world to legally recognize the identity of men having sex with men (MSM). In understanding of their high vulnerability to HIV infection, the present National Plan has placed a high priority on interventions and services to the MSM population. According to the report of UNDP-PMU, the coverage of MSM/TG is about 55% based on a total estimated population of 134,905 MSM in the country. As there have been concerns regarding the current size assessment of the MSM population, it has been agreed to conduct a national survey at the earliest possible time to reassess and improve the accuracy of the MSM size estimation; current figures will be revised accordingly.

At Risk Populations

4.1.4 Prison Populations

There is increasing evidence that high-risk practices for HIV transmission among prison populations are prevalent. Experiences in other countries, such as Indonesia, have shown that HIV infection can spread at a rapid speed among a prison population if effective prevention programs are not in place. Some small projects have been initiated during the previous planning period; by building on the experiences of these projects, this Plan seeks to pursue and continue supporting intervention programs for prison populations. The preventive package is planned for prisons housing more than 150 inmates due to programmatic feasibility. If more financial and logistic support is available in future, expansion of services may be considered.

4.1.5 Uniformed Services

Since 2005 efforts have been made to institutionalize HIV/AIDS education into the regular training of uniformed services. As a result, Nepal Police have already developed an HIV/AIDS Strategy and set of training curricula to integrate HIV/AIDS education into different levels of pre-service and in-service training. Other uniformed forces, i.e. armed forces and Nepal Army, are also in the process of integrating HIV/AIDS education into their existing training programs. However, due to declining peace and order situations, implementation was disrupted; this Plan seeks to continue where said program left off.

4.1.6 Young People (Adolescents and Youths)

The National Plan aims to expand prevention interventions among young people aged 10-24 years. Different prevention packages are planned for in-school and out-of-school young people from 40 selected districts with risk factors.

4.1.6.1 Out-of-School Adolescents and Youth

Among adolescents and youth, those who are out-of-school have been documented indulging in more risky behavior for HIV acquisition than those who attend school. Reaching them with appropriate programs is a difficult task. This Plan seeks to give priority focus to this group, which also includes adolescents and youth in the street. A package of tested interventions in Nepal's context will be pursued.

4.1.6.2 In-School Adolescents and Youth

Life-skills based education is currently being implemented by the Ministry of Education with technical support from UNICEF. Life-skills education provides youth with the knowledge and skills required to protect oneself from HIV acquisition and transmission. This program is currently implemented in 749 primary and secondary schools and 798 teachers have received life-skills education training to date. The present Plan intends to continue this intervention and expand it further in districts with high risk. This program is a reflection of Nepal's multisectoral response to the AIDS epidemic as the HIV intervention is mainstreamed in the education sector through life-skills education while teacher training on life-skills is integrated into the teachers training curricula where it is also costed. In addition to life-skills education, peer education in schools of selected districts with high risk factors is planned.

4.2 Risk and Harm Reduction

4.2.1 Intravenous Drug Users

Intravenous drug use, being one of the key drivers of the HIV epidemic in Nepal, will receive high priority for preventive intervention during the present Action Plan period of three years. A comprehensive harm reduction program that includes needle/syringe exchange programs (NSEP), oral substitution therapy (OST), including methadone and bupronorphine, rehabilitation, detoxification and 'after care' will be implemented.

The present Plan aims to achieve service coverage to 80% of IDUs by July of 2011. Approximately 60% of all IDUs will benefit from needle syringe exchange services; 30% of them will be in OST, 8% with rehabilitation and 2% will be provided after care to

minimize the incidence of relapse. Studies indicate extremely high rates of STIs among female IDUs raising risks of dual vulnerability for HIV through drug use and sex. Considering a very low coverage of female IDUs to risk and harm reduction services, the current NAP has given special focus to targeting female intravenous drug users separately for NSEP, rehabilitation and after care.

4.2.2 Hard Drug Users

A study conducted by the Central Bureau of Statistics (CBS) has referred to HDUs as those using 'all the forms of synthetic opiates and chemical substances that are treated as illicit drugs by law' (CBS, 2007:1). The aim of this Plan is to prevent hard drug users from converting into intravenous drug users. In line with one of the key recommendations of the 2008 External Review of the HIV and AIDS Response in Nepal, a targeted program for this population, particularly among adolescents in this group, will be pursued over the next three years. To deepen its understanding and design appropriate programs for this population, this Plan endeavors to conduct an ethnographic research study among hard drug users.

4.3. Expansion and Scaling up of Programs for Safe Migration and Mobility

4.3.1 Seasonal Labor Migrants (particularly those going to India) and their Spouses

Studies have shown that a substantial proportion of adults and young people who migrate to various cities in India for economic opportunities seek the services of sex workers. In recognition of this, this Plan will ensure that migrant workers who are most at risk be provided with prevention, care and support programs both before they leave the county, and upon their return and/or reintegration to their community. Emphasis will be given to those migrant workers going to high HIV prevalence states of India such as Maharashtra, Mumbai. It is understood that for effective prevention of HIV infection, service interventions are necessary at the time of exposure to risk. Therefore, initiatives for collaborative work within the country or city of destination will be continued thereby completing the intervention throughout the whole migration cycle. To achieve this, mobility mapping of migrant workers in different locations will be employed as a significant tool to achieve a better understanding and size estimation of high risk migrant populations, as well as to assess behaviors and assist in designing targeted interventions to high risk migrant workers. Likewise, a parallel program for spouses of most-at-risk migrants will be implemented.

4.3.2 Prevention Education to Migrants Traveling Abroad

In addition to reaching high risk migrants traveling to India and their spouses, this NAP also plans to continue providing prevention education to migrants going elsewhere abroad. For this, a pool of trainers within the migrant recruiting agencies will be developed and supported under the leadership of the Ministry of Labour and Transport Management (MoLTM) to integrate HIV orientations into pre-departure training curricula for migrants going abroad. Support will be continued for strengthening the process of mainstreaming HIV into the sectoral plan of MoLTM and organizations working for the prevention and control of trafficking women and girls.

4.4 Strengthen Control and Management of STIs

STI prevention and control is an important strategy to prevent HIV infection. In consideration of the less than optimal levels of STI service coverage available in the past, the present NAP has put due emphasis on the expansion of quality STI services and acknowledged room for improvement in the reporting and monitoring of STI services. STI service delivery in the private sector will be integrated with VCT service delivery, thereby reducing the cost and expanding the coverage. Mobile camps are planned to reach remote and needy sites of the country where both public and private services are very weak. Expansion and scaling up of integrated STI and VCT services is planned for 50 districts. Strengthening STI services for MARPs and ARPs have been planned under their respective behavior change communication programs (see heading 4.1).

4.5 Expansion and Scaling Up of VCT Services

As the need for confidential HIV antibody testing increases, and in line with the effort to achieve the universal access country targets, VCT services will be expanded during this plan period. In three years time, 69 new VCT sites will be added to the existing 136 sites. With this it is envisioned that the expansion of VCT services will form the basis for increasing the number of people receiving ARVT services. As a strategic approach to provide VCT services, remote areas will receive high priority building on the experiences of ongoing initiatives such as GF-supported AIDS projects, FHI-supported outreach programs and others. Together with this, the National Guideline for Setting up HIV Testing Centers, using either voluntary or provider initiated approaches, will be reviewed. It is envisaged that the implementation of the said National Guidelines will ensure improved

quality of HIV testing services being put into operation by both government and non-government organizations. Currently, the private sector is expected to conduct approximately two thirds of the total cases for testing, however, it is anticipated that with increased referral linkages from private run community based programs, utilization of public services for MARPs and ARPs will increase thereby making it cost effective and sustainable.

4.6. Expand and Strengthen Prevention of Mother-to-Child Transmission (PMTCT)

Considering the rising number of children testing positive and, consequently, the rising number of children on ARVT, 115 as of October 2008, the need to increase PMTCT services is clearly evident. With that said, this NAP attempts to place more importance on PMTCT programs and has designed programs to build the capacity of both communities and health sectors for the promotion of all prongs of PMTCT, not only treatment. It is planned to expand the number of PMTCT service facilities from the existing 15 to 40 sites focusing more on those regions and districts where prevalence is high. In order to increase coverage, community based PMTCT will be piloted in some areas of the far west. A report covering the last three years shows a low and even declining trend of mother turnover in some PMTCT service facilities, therefore, strategies will be designed to improve the utilization of existing and newly established PMTCT service facilities through community outreach. These programs will serve as many pregnant mothers as possible during the three year period.

4.7 Expand the Prevention of Transmission in Health Care Delivery Settings

Major interventions to operationalize this strategy include updating and implementing existing SOPs, guidelines and training curricula on universal precautions and waste disposal management through orientations to staff of HIV care sites. Plans to provide PEP kits to HIV care sites as well as including programs on blood safety through updating and implementing the National Guidelines on Blood Safety are in place under this NAP.

4.8 Develop and Implement Workplace Policy and Programs

Workplace interventions under NAP include BCC for employees of various work settings such as factories, industries, big construction sites, hydro-power facilities, etc., located in high risk districts and areas.

As these industries are located in urban and semi-urban areas and provide employment for a large number of internal migrants who represent a subgroup of clients of FSWs, these workplaces constitute an ideal area to reach migrants at risk. HIV and AIDS prevention education will be integrated into workers education and training programs through MoLT. Support will be provided to MoLT and trade unions for the promotion of prevention education among the workers. It is planned to gradually reach at least 100 workplaces in 50 districts over the next three years. The capacity of existing health facilities in the workplace will be developed for STI management as far as applicable and referral systems will be developed for VCT services.

4.9 Prevention among People Living with HIV and AIDS (Positive Prevention)

Positive prevention interventions, as planned in the NAP, are dedicated to bringing a face and voice to the virus in an effort to decrease rates of infection in HIV negative people, decrease incidences of super-infection and opportunistic infection in HIV positive people, and, additionally, to raise awareness and increase access to treatment such as community home-based care (CHBC), reduce stigma and discrimination, and improve the social and psychological well-being of PLHA. This Plan endeavors to achieve this by means of promotion of treatment literacy through increased understanding, encouraging PLHA for beneficial disclosure and building the capacity of positive people's self-help and support groups for emergency response and early care of symptoms.

Condom Promotion

Access to condoms and their ready availability when needed are crucial to preventing HIV transmission. Condoms will be distributed free of cost through public and private service channels as well as through social marketing. The need for condoms as calculated for MARP groups, including clients of FSWs, over three years is 152 million; 47 million for the first year, 51 million for the second year and 54 million for the third year, 2010-2011. The NAP has costed condom provision using the current market price.

Communication and Mass Media

Communication is seen as a powerful tool in the fight against the AIDS epidemic. The present NAP views communication as a cross-cutting strategy and employs it in all strategic interventions of the HIV program. In line with this, a communication component has been built into all program interventions for each sub population.

While the articulation for the need to develop a National Communication Strategy on AIDS was not very strong in the National Strategy on HIV and AIDS 2006-2011, experience clearly indicates that a communication strategy is an essential component which is imperative to the response. Fostered by the experiences and gains of communication approaches adopted in the past, this NAP is dedicated to developing a Communication Strategy to be implemented over the next three years.

This NAP envisions that the Communication Strategy will include key strategic messages related to the creation and perpetuation of an enabling environment to achieve universal access to prevention, treatment, care and support, gender equality and reducing and/or eliminating stigma and discrimination against those affected and infected by HIV.

One more dimension of communication is distance teaching and learning through the use of information technology. In Nepal many service facilities are isolated due to remote and geographically difficult locations causing supervision and mentoring of service providers and monitoring quality of care in these facilities to be a challenging task. This NAP seeks to explore the opportunity for piloting the use of information technology, such as video conferences, telemedicine, etc., on a small scale through which experts located at an established focal center can provide technical support to service providers in remote districts.

Prevention in Humanitarian Settings

Nepal's experience has revealed that young people are sometimes displaced due to natural disasters, or for various other reasons, causing them to relocate temporarily or for long periods of time. This displacement has been seen to result in increased vulnerability to HIV transmission through high risk behaviors. However, despite this knowledge of HIV vulnerability, the prevention needs of these groups are usually ignored or sidelined by other immediate needs. In recognition of this, the current NAP has included prevention activities in humanitarian settings - a new dimension of settings for HIV prevention.

5. Treatment, Care and Support

A comprehensive package of treatment, care and support includes diagnostic services, ART, treatment for STIs, OI management, CHBC, reduction of stigma and discrimination and support to CABA. These services will be made available to needy populations through different public and private sector channels.

5.1 Increase Access to Quality Diagnostics, Treatment, Care and Support for ART, STI and OI Management

NAP has planned to establish and strengthen quality assurance and control mechanisms for comprehensive care of HIV by enhancing the capacity of existing central labs and establishing a center of excellence and support in each development region where possible. At least one maintenance site will be established for each ART site to support ongoing monitoring, follow up of clients and ARV drug distribution. In addition, support groups serving as the social unit for each HIV comprehensive care site will be mobilized to provide support to PLHA for easy access to treatment services and for follow up of treatment adherence.

5.2 Stigma and Discrimination Reduction

It is apparent that stigma and discrimination directed towards people living with HIV and AIDS hinders their access to available services. To reduce or to eliminate the prevailing stigma and discrimination affecting PLHA's access to treatment and care services, it is planned to develop a code of conduct for health care workers which they will be oriented on. Similarly, in 50 districts influential community members, leaders and PLHA support groups will be gradually sensitized and oriented. In addition, a mass media campaign has been planned to address this issue.

5.3 Community and Home Based Care (CHBC)

The current NAP aims for revising and updating the CHBC Guidelines, SOP and training curriculum for improving community and home based care services to infected and affected people. This Plan also includes orientation and sensitization to the planners, implementers, influential community members, leaders and health service providers at different levels for prioritizing CHBC, resource mobilization and other support. Over the next three years this NAP aims to strengthen and mobilize 250 community support groups in 50 high risk districts, five groups for each district. Every support group will be provided with a CHBC kit.

5.4 Children Affected by AIDS (CABA) – Including Pediatric Care

Development for the National Strategy on CABA and Guidelines has been planned. The need for orientation/sensitization of policy makers, planners and implementing agencies at different levels, such as the Ministry of Women, Children and Social Welfare,

DACC and Child Welfare Board etc., has been recognized and planned accordingly. Pediatric care including ARV treatment will be strengthened and expanded to 10 sites from the existing 1. All children in need of ART, which is estimated to reach 303 by 2010/2011, will be supported with transportation, treatment and related costs. About 40% of the estimated infected children will be provided targeted education, nutrition, medical, psychosocial and other identified forms of external support. Existing orphanages will be supported to meet the needs of CABA through developing inventory and identifying CABA in orphanages and reintegrating them into their families, communities or foster care. Situation assessments and size estimations of CABA are planned.

5.5 Impact Mitigation Program

While many of the interventions related to impact mitigation have been planned under positive prevention, CHBC and CABA, livelihood support is planned specially for women PLHIV. At the end of the three years covered by this Plan approximately 1,250 PLHIV, 25 persons in each of the 50 high risk districts, will be supported for income generation activities. In addition, one study to assess the socio-economic impact of HIV/AIDS is planned to be undertaken during this period.

5.6 Prevention and Clinical Management of Opportunistic Infections and HIV/AIDS Related Illnesses

The need for OI prophylaxis treatment with cotrimoxazole is estimated for 60% of the total reported HIV cases and for life time OI prophylaxis for 40% of those who are not currently receiving ART. Similarly, OI treatment is calculated assuming 2 episodes of OI for 80% of the reported cases not on ART and 1 episode for those on ART. Accordingly, approximately 137,000 cases will receive OI prophylaxis whereas about 86,000 incidences of OI need to be treated during this period. Health workers from health posts in 50 high risk districts will be trained for OI management from both public and private sectors of HIV Comprehensive Care Sites.

5.7 Expansion of Antiretroviral Therapy

On the basis of increased targets, ART sites will be expanded to 40 from the existing 23. Sites at the regional level and district level hospitals will be supported and strengthened as Comprehensive HIV Care Sites where major HIV services such as VCT, PMTCT, STI and OI management will be available. Crisis care homes are planned for PLHIV to gain easy access to ART. At least three crisis care homes will be in operation in each region, one for females

and two for males, with priority in high prevalence areas.

By the end of the three years 40% of the estimated need will be on 1st line ARV drugs and 5% of those on ARV will move to 2nd line.

5.8 Management of HIV Related Co-Infections

Collaborative TB/HIV interventions are planned for community level health care systems following national policies and guidelines. A National TV/HIV Coordination Committee will be formed to coordinate and support the collaborative efforts. Trainings for cross referral mechanisms for the integration of TB and HIV/AIDS at DOTS and VCT centers to establish and strengthen systems for HIV testing for TB patients and TB screening for HIV positives are planned for intensifying TB and HIV case detection. Most collaborative TB and HIV activities are funded by GFATM 7th round program TB component. Advocacy and seminars to highlight the importance of addressing hepatitis B and C as a co-infection and the development of IEC materials are also planned.

Logistics and Procurement

For the uninterrupted and efficient supply of HIV and ARV drugs and commodities, MoHP Logistic Management Division will be capacitated with additional human resources, training, infrastructure and equipment. Construction of cold storage units and warehouses is planned as are mechanisms to refurbish stores for ART services at the district level under the direction of MoHP.

6. Advocacy, Policy and Legal Reform

The NAP has emphasized policy formulation and its enactment as the cross-cutting component for prevention, treatment, care and support interventions. Policy will focus on promoting and protecting the rights of the infected and affected as well as MARPs and other vulnerable populations. In addition, policy will equally focus on efficient and harmonized functioning of the public sector, civil society and the private sector. To achieve this, several activities, namely orientation/sensitization to the parliamentarians and bureaucrats, issue based seminars, conferences and the endorsement of the HIV/AIDS bill and its enactment through the development and implementation of needed laws and by-laws, have been planned. Developing the capacity for various constituencies to work together as networks and the provision of support to advocacy activities for their

rights to services has also been proposed. Development and implementation of the NGO Code of Conduct is a prioritized activity.

7. Leadership and Management

Under leadership and management, strengthening of the Three Ones has been the priority activity. Emphasis has been placed on building the capacity of the newly established HIV/AIDS and STI Control Development Board as one coordinating body with the necessary legal provisions, guidelines, human resources and financial support required. Similarly, the establishment and strengthening of the National M&E system and the dissemination and monitoring of compliance to the National Action Plan, as other components of the Three Ones, are given high priority. Support to the National Centre for AIDS and STD Control is seen as a major task for strengthening health sector leadership and the response to HIV/AIDS.

The development of guidelines for multisectoral coordination, capacity building and support to other key ministries to integrate HIV/AIDS into their sectoral plans are also important planned activities.

In addition, a National Human Resource plan will be developed and leadership and management skill development trainings will be conducted for networks and civil society organizations to take forward the national response.

8. Strategic Information

The establishment and strengthening of One national M&E system is a priority and includes activities such as establishing a strong national monitoring and evaluation unit at HSCB for a multisectoral and decentralized response to HIV/AIDS. The M&E unit will be established and strengthened in at least 35 DACCs, starting off with pilots in 4 DACCs. Along with M&E, functions of DHO/DPHO will be supported to strengthen health sector M&E at the national level.

For the strengthening of 2nd Generation Surveillance Systems (2nd GSS) as per the recommendation of the Review of 2nd Generation Program conducted in 2007, four sentinel sites will be established and strengthened. The NCASC will be capacitated to work as the lead agency for the 2nd GSS with a surveillance officer in place.

Integrated Bio-Behavioral Surveys (IBBS) will be conducted regularly as planned. In this NAP period, IBBS for MSM/TG, migrants, IDUs, FSWs, their clients, prisoners and uniformed services are planned. In order to prioritize the interventions, geographical mapping of HIV risk, disease burden and services will be carried

out. Size estimation of MSM, and FSW and their clients are planned as the priority activities under this component. Modeling of the AIDS epidemic in Nepal will be carried out to make predictions and projections using the Asian Epidemic Model (AEM) for future planning. Other planned activities include UNGASS report preparation for 2009 and monitoring the trend of HIV infection among ANC attendees and blood donors.

In addition to IBBS, a review of programs on PMTCT, ART, OI, STI, CHBC and operational research on income generation for livelihood support to PLHA, population movement, ART adherence, VCT utilization, population based surveys on cross border interventions and an ethnographic study of drug users are planned.

9. Finance and Resource Mobilization

The major activities under this strategy are financial gap analysis based on the costed NAP, advocacy for increasing the budget ratio from the Government sector, resource mobilization from the donors, formation of a business coalition for AIDS to generate private sector contributions to AIDS as corporate social responsibility, capacity building of line ministries

for resource allocation to respond to AIDS sectorally and also of national authorities, such as HSCB, for the management and mobilization of resources. Establishing a financial database at HSCB, building national capacity to develop a costed National Strategy, conducting NASA once in two years and annual tracking of resources using NASA tools are other major interventions planned.

In order to maximize the effectiveness of resource mobilization by implementing cost effective interventions it is planned to pilot the GOALS model in a small geographical region. This model supports strategic planning at the national level and presents the opportunity to invest resources in intervention areas with optimal output.

Summary Costing of National Action Plan 2008-2011

The total cost of this three year NAP in USD is 128 million; for the first year 36 million, for the second year 42.8 million and for the third year 48.2 million.

A review of the available information regarding current commitments from the Government and EDPs shows that their contributions will cover only 45% of the total needed funding.

SUMMARY COSTING OF NATIONAL ACTION PLAN (2008-2011)

Total cost for 3 years

SNo.	Components and Strategies	Estimated Cost	% of Total Budget	Pledged Amount	Resource Gap
4	Prevention	106,089,240	82.86	36,407,883	69,681,357
4.1	Expansion of Strategic Behavior Change Program	29,695,002	23.19	11,964,983	17,730,019
4.1.1.	Female Sex-Workers	5,940,788	4.64	5,929,067	11,721
4.1.2	Clients of Female Sex Workers	5,101,379	3.98	298,077	4,803,302
4.1.3	Men who have sex with Men/Transgender	14,291,828	11.16	2,172,319	12,119,509
4.1.4	Prison Population	399,249	0.31	299,653	99,596
4.1.5	Uniformed Services	754,096	0.59	-	754,096
4.1.6	Young People	2,387,663	1.86	3,017,138	(629,475)
4.2	Expansion of comprehensive program for risk and harm reduction	13,255,418	10.35	6,416,732	6,838,686
4.3	Facilitate and expand cross-border interventions for mobile populations	40,050,647	31.28	10,085,551	29,965,096
4.4	Strengthen management and control of STIs	1,374,621	1.07	1,329,671	44,950
4.5	Expand Voluntary Counselling and Testing (VCT) Services	15,338,019	11.98	2,934,960	12,403,059
4.6	Expand and strengthen prevention of mother-to-child transmission (PMTCT)	3,284,728	2.57	608,740	2,675,988
4.7	Expand prevention of transmission in health care delivery settings	111,900	0.09	-	111,900
4.8	Develop and implement workplace policy and programs	1,741,913	1.36	-	1,741,913

SNo.	Components and Strategies	Estimated Cost	% of Total Budget	Pledged Amount	Resource Gap
4.9	Prevention among people living with HIV and AIDS (Positive Prevention)	600,000	0.47	-	600,000
	Condom promotion	536,993	0.42	2,967,246	(2,430,253)
	Communication and Mass Media	820,000	0.64	248,730	571,270
	Addressing HIV Prevention in humanitarian settings	100,000	0.08	100,000	
5	Treatment, Care and Support	15,894,655	12.41	12,347,091	3,547,564
5.1	Increase access to quality diagnostics, treatment, care and support for ART, STI and OI management	2,855,000	2.23	667,218	2,187,782
5.2	Stigma and discrimination reduction	280,000	0.22	-	280,000
5.3	Community and Home Based Care (CHBC)	1,861,000	1.45	949,081	911,919
5.4	Children Affected by AIDS including pediatric care	1,451,439	1.13	1,063,383	388,056
5.5	Impact mitigation	407,500	0.32	1,077,464	(669,964)
5.6	Expansion of prevention and clinical management of OI and HIV/AIDS related illness	1,827,141	1.43	1,291,273	535,868
5.7	Management of HIV related co-infections	25,000	0.02	-	25,000
	Logistic/management	1,433,950	1.12	5,691,672	(4,257,721)
6	Advocacy, Policy and Legal Reform	667,000	0.52	1,789,448	(1,122,448)
6.1	Establish HIV/AIDS as a development agenda	596,500	0.47		596,500
6.2	Ensure the rights of infected, affected and vulnerable groups	70,500	0.06		70,500
7	Leadership and Management	2,181,216	1.70	5,118,508	(2,937,292)
7.1	Operationalize Three Ones principle	937,000	0.73		937,000
7.2	Promote multisectoral and decentralized response to HIV/AIDS	974,800	0.76		974,800
7.3	National capacities for expanded response strengthened	269,416	0.21		269,416
8	Strategic Information	2,856,342	2.23	2,282,439	573,903
8.1	One Monitoring and Evaluation system in place and operational	1,323,642	1.03		1,323,642
8.2	Second Generation Surveillance System strengthened to track impact of the response	64,200	0.13		164,200
8.3	Strategic Information System created and functional	1,168,500	0.91		1,168,500
8.4	Operational research carried out to inform gaps in the response	200,000	0.16		200,000
9	Finance and Resource mobilization	349,500	0.27	-	349,500
9.1	Accelerate resource mobilization within the country and outside	91,000	0.07		91,000
9.2	Develop and implement multisectoral policy	30,000	0.02		30,000
9.3	Establish a semi-autonomous body, with a flexible financial management system and rules	55,000	0.04		55,000
9.4	Establish simplified and efficient financial system	173,500	0.14		173,500
	Total	128,037,952	100	57,945,368	70,199,807
	% pledged			45.3	54.8

Prevention accounts for the highest proportion of the total budget at 83%. About 62% of the total budget and 75% of the prevention budget is allocated for BCC among MARPs; this reflects the urgency and prioritization of addressing a concentrated epidemic

as per the recommendation of the AIDS Commission Report in Asia. The budget for treatment, care and support is approximately 12.5%; this does not include human resources and infrastructural cost born by the public sector as the major treatment service delivery

sites are in the public sector and are using existing human resources and infrastructure. It should also be noted that some treatment related activities such as STI and PMTCT fall under the prevention component - if the cost allocation of those activities are grouped under the treatment component, the treatment cost would come to around 17% of the total budget. Similarly, the cost of strengthening PLHA and vulnerable groups for access to services is planned

under the Leadership and Management component.

Funding Situation of National Action Plan

Various partners have committed resources to different activities of the National Action Plan. Many of them have pledged their contribution amount while others have not yet specified their actual pledged size of commitment. The following partners have already declared their commitment:

Funding Partners	Pledged Budget			Total
	2008/2009	2009/10	2010/11	
Government of Nepal	389253	428179	470997	1288429
HSCB	13,333	14,667	16,133	44,133
NCASC	375,920	413,512	454,863	1,244,295
USAID	6,482,654	3,500,000	3,500,000	13,482,654
USAID (FHII)/ASHA)	4,907,878	2,649,775	2,649,775	10,207,428
Deliver	100,000	53,990	53,990	207,980
USAID (AED)	1,474,776	796,235	796,235	3,067,246
DFID	7,534,185		-	7,534,185
DFID (UNDP)	7,129,838	NK	NK	7,129,838
DFID (NCASC)	404,347			404,347
GTZ	57,143	57,143	-	114,286
GFATM	4,958,517	7,490,174	7,539,222	19,987,913
GFATM II (NCASC)	127,173	-	-	127,173
GFATM VII	4,831,344	7,490,174	7,539,222	19,860,740
UN Agencies	3,259,355	3,412,402	2,056,881	8,728,638
UNICEF	988,210	1,272,360	1,159,550	3,420,120
UNDP		300,000		300,000
UNAIDS	200,000	200,000	NK	400,000
UNFPA	152,210	274,505	50,000	476,715
WHO	200,000	200,000	200,000	600,000
UNODC	1,672,435	1,165,537	647,331	3,485,303
UNESCO	46,500	NK	NK	46,500
Other Agencies	2,853,215	2,010,916	1,945,133	6,809,264
UMN	140,271	149,076	150,496	439,843
SCN	253,333	NK	NK	253,333
Care	1,000,000	1,000,000	1,000,000	3,000,000
Action Aid	444,253	256,034	281,637	981,924
FPAN	354,951	-	-	354,951
LWF	35,000	37,000	37,000	109,000
Red Cross	410,000	358,667	476,000	1,244,667
PLAN	215,407	210,140	-	425,547
Total Pledged	25,534,322	16,898,814	15,512,232	57,945,368
Total Budget NAP 2008-11	36,037,177	42,853,176	49,147,598	128,037,952
Gap	10,502,855	25,954,362	33,635,366	70,092,583
% pledged	70.9	39.4	31.6	45.3

A review of the current commitments reveals that only around 45.3% of the total need is funded. The pledged funding is decreasing in trend; for the first year it is almost 71%, for the second year 39% and

only 31% for the third year. The need for a concerted effort is apparent from all levels, both national and international, to advocate for additional resources to achieve full funding for the action plan.

Detail Action Plan 2008-2011

NAP Costed Plan (2008-2011)												
Strt. No.	Activity Set	Unit cost	Target 2008-2009	Target 2009-2010	Target 2010-2011	Cost 2008 -2009	Cost 2009 - 2010	Cost 2010 - 2011	Total Estimated budget	Pledged Budget	Funding Source	Gap
4	Prevention					29,804,828	35,334,769	40,949,643	106,089,240	36,407,883		
4.1	Expansion of Strategic Behavior Change Communication					8,560,691	9,766,113	11,368,198	29,695,002	11,964,983		
4.1.1	Female Sex-Workers					1,990,263	1,975,263	1,975,263	5,940,788	5,929,067		11,721
										5,679,170	FHI	
										25,333	UMN	
										106,100	UNFPA	
										14,630	FPAN	
										11,500	LWF	
										92,333	NRCS	
	BCI for sex workers	80	24652	24652	24652	1,975,263	1,975,263	1,975,263	5,925,788			
	Nos of PEs trained and in action		986	986	986							
	Nos of outreach workers in action		197	197	197							
	Nos. of Drop in Centers		49	49	49							
	condoms distribution		9762192	9762192	9762192							
	STI treatment		12573	12573	12573							
	Supportive Activities					15000	0	0	15000			
	Review of existing laws and update/prepare laws 5000 to protect rights of sex workers		1			5000						
	Develop and disseminate a comprehensive National Toolkit to prevent HIV at sex work settings	10000	1			10000						
4.1.2	Clients of Female Sex Workers					1,055,458	1,583,186	2,462,735	5,101,379	298,077	FHI	4,803,302
	BCI for clients of FSWs	26	40773	61160	95138	1,055,458	1,583,186	2,462,735	5,101,379			

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Strt. No.	Activity Set	Unit cost	Target 2008-2009	Target 2009-2010	Target 2010-2011	Cost 2008 -2009	Cost 2009 - 2010	Cost 2010 - 2011	Total Estimated budget	Pledged Budget	Funding Source	Gap
	Nos. of PEs trained and in action		815	1,223	1903							
	Nos. of outreach workers trained and in action		163	245	381							
	Nos. of Drop in Centres		20	31	48							
	Condom distribution		1681898.6	2,522,848	3924430							
	STI treatment		4077	6116	9514							
4.1.3	Men who have sex with Men/Transgender					4,456,680	4,758,943	5,076,206	14,291,828	833,219	UNDP/DFID	12,119,509
										1339,100	GF VII	
	BCI for MSM	47	94,434	101,179	107,924	4,441,680	4,758,943	5,076,206	14,276,828			
	Nos. of PEs trained and in action		3148	3373	3597	-	-		-			
	Nos. of outreach workers trained and in action		450	482	514	-	-		-			
	Nos. of Drop in Centres		94	101	108	-	-		-			
	Condom distribution		9738455	10434059	11129663	-	-		-			
	Nos. of lubricant		4869227	5217029	5564831	-	-		-			
	STI treatment		28330	30354	32377	-	-		-			
	Supportive Activities					15,000	-		15,000			
	Review of existing laws and update/prepare laws to protect rights of MSM and TGs	5000	1			5,000			5,000			
	Develop and disseminate a comprehensive Toolkit to prevent HIV for MSM and TG	10000	1			10,000	285,522,800		285,532,800			
4.1.4	Prison Population					104,000	137,750	157,499	399,249	208,065	UNODC	99,596
										91,588	UNDP/DFID	
	Prevention package for inmates and staff in prisons	28	3178	4369	5561	90,000	123,750	157,499	371,249			
	Nos. of PEs trained and in action		340	510	680							
	Nos. of outreach workers trained and in action		11	16	21							

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Strt. No.	Activity Set	Unit cost	Target 2008-2009	Target 2009-2010	Target 2010-2011	Cost 2008 -2009	Cost 2009 - 2010	Cost 2010 - 2011	Total Estimated budget	Pledged Budget	Funding Source	Gap
	Condom distribution		737138	884565	1031993							
	STI treatment		222	333	444							
	Supportive Activities					14,000	14,000	0	28,000			
	Strengthening the capacity of prison clinics for STI/VCT (including psychosocial counseling integration (2 trainings :14 prisons, 2 persons)	7000	1	1		7,000	7,000	0	14,000			
	Referrals to counseling, testing, OST and treatment services	0	0	0	0	0	0	0	0			
	Update Primary Health Care service delivery in prison clinics (14 clinics)	1000	7	7		7,000	7,000	0	14,000			
4.1.5	Uniformed Services					173,021	253,032	328,043	754096			754,096
	Prevention Package	8	20800	31200	41600	164,021	246,032	328,043	738096			
	Nos. of PEs trained and in action		693	1,040	1387							
	Condom distribution		235884	324341	412797							
	STI treatment		1430	1966	2502							
	Supportive Activities					9,000	7,000	-	16,000			
	Update HIV AIDS Training curriculum	2000	1			2,000	-	-				
	Traning to health personnel for VCT and STI case managenent (2 batches of training, 20 pax each)	7000	1	1		7,000	7,000	-				
4.1.6	Young People					501,270	797,940	1,088,453	2,387,663	40,667	SCN	(629,475)
										62,667	UMN	
										1,931,890	UNICEF	
										91,400	UNFPA	
										12,083	UNDP/DFID	
										82,750	NCASC	

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Strt. No.	Activity Set	Unit cost	Target 2008-2009	Target 2009-2010	Target 2010-2011	Cost 2008 -2009	Cost 2009 - 2010	Cost 2010 - 2011	Total Estimated budget	Pledged Budget	Funding Source	Gap
										114,286	GTZ	
										46,500	UNESCO	
										329,395	FPAN	
										40,500	LWF	
										265,000	NRCS	
	Out of school adolescents and youth (15-24 yrs) with special focus on high risk groups					299,270	540,940	838,853	1,679,063			
	Life skills based training to PEs (6 PEs/IC, 5 ICs/dist, 40 dist)	88	450	450	300	39,600	39,600	26,400	105,600			
	Peer education targeting adolescents and youth with special focus on at-risk adolescents, youth and girls (Nos. of peers reached)	2	9,000	18,000	24,000	16670	33340	44453	94,463			
	Support Information center to reach out of school youth in marginalized communities and at-risk groups (Nos of ICs, 5 IC/dist, 50 dist)	3000	75	150	250	225,000	450,000	750,000	1,425,000			
	HIV prevention among youth at risk and vulnerable girls and boys through partnership with sports sector (using NOC/UNAIDS toolkit)	10,000	1	1	1	10,000	10,000	10,000	30,000			
	Development and use of age specific IEC materials focusing on high risk adolescents within the framework of IDU, sexwork, migration and MSM	2000	4	4	4	8000	8000	8000	24,000			
	Adolescents and youth in school focusing on districts with high risk and high incidence of disease					202,000	257,000	249,600	708,600			

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Strt. No.	Activity Set	Unit cost	Target 2008-2009	Target 2009-2010	Target 2010-2011	Cost 2008 -2009	Cost 2009 - 2010	Cost 2010 - 2011	Total Estimated budget	Pledged Budget	Funding Source	Gap
	Life skills training to PEs (10 PEs/school,10 schools/dist, 40 dist)	88	1,500	1,500	1,000	132,000	132,000	88,000	352,000			
	Peer education	2	30,000	60,000	80,000	60000	120000	156600	336,600			
	Sensitization and orientation to MoES, MoHP, curriculum development center, and DEO sensitized for effective delivery of life skills	5000	1	1	1	5000	5000	5000	15,000			
	Develop HIV Prevention Youth and Adolescents Strategy Teachers training for integrating life skills and HIV into schools- by MoE	5000	1			5000			5,000			
4.2	Expansion of Risk and Harm Reducation					3,129,336	4,416,806	5,709,276	13,255,418	6,416,732		6,838,686
4.2.1	Comprehensive Package for Injecting Drug Users (IDUs)					1,803,881	2,699,989	3,586,096	8,089,966	432,086	FHI	1,673,234
										2,158,494	UNODC	
										1,064,080	UNDP/DFID	
										208,502	GF VII	
										285,453	Plan	
										32,000	UMN	
	Needle syringe exchange program for Male IDUs		102	10,011	12,513	15,016	1,023,772	1,279,714	1,535,657	3,839,143		
										184,428	UNODC	
										235,237	UNDP DFID	
										1,444,536	GF VII	
	Nos. of PEs trained and in action		501	626	751							
	Nos. of outreach workers trained and in action		83	104	125							
	Nos. of Drop in Centers		20	25	30							

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Strt. No.	Activity Set	Unit	Target cost	Target 2008-2009	Target 2009-2010	Cost 2010-2011	Cost 2008 -2009	Cost 2009 - 2010	Total 2010 - 2011 budget	Pledged Estimated	Funding Budget	Gap Source
	Condom distribution		825,869	1,032,336	30							
	Nos. of needle and syringes distributed			6,028,840	7,536,051	9,043,261						
	STI treatment		2,002	2,503	3,003							
	Needle syringe exchange program for Female IDUs	127	1,365	1,706	2,048	173,260	216,575	259,890	659,724			
	Nos. of PEs trained and in action		68	85	102							
	Nos. of outreach workers trained and in action		17	21	26							
	Nos. of Drop in Centers		5	6	7							
	Condom distribution		112,618	534,864	168,928							
	Nos. of needle and syringes distributed		657,692	822,115	986,538							
	STI treatment		273	341	410							
	Develop National Harm Reduction Guidelines	10,000	1			10,000			10,000			
	Oral substitution therapy	184	3,242	6,483	9,725	596,850	1,193,700	1,790,549	3,581,099			
										371,916	UNODC	
	Nos. of trained staff and counselors		91	182	272							
	Nos. of OST centers		13	26	39							
	Review of OST program in Nepal	10,000		1			10,000		10,000			
4.2.2	Comprehensive Package for Hard Drug Users, with special focus on adolescents and youth	25	7,148	9,829	12,509	176,796	243,095	309,393	729,285			729,285
	Nos. of PEs trained and in action		179	246	313							
	Nos. of outreach workers trained and in action		18	25	31							
	Condom distribution		471,768	648,681	825,594							
	STI treatment		1,430	1,966	2,502							
4.2.3	Supportive Activities					1,148,659	1,473,722	1,813,786	4,436,167			4,436,167

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Strt. No.	Activity Set	Unit cost	Target 2008-2009	Target 2009-2010	Target 2010-2011	Cost 2008 -2009	Cost 2009 - 2010	Cost 2010 - 2011	Total Estimated budget	Pledged Budget	Funding Source	Gap
	Develop SOPs, Guidelines and Protocols for 1) Comprehensive Harm Reduction Program, 2) establishing linkages between OST, DRC, HIV crisis care, and ART sites and 3) drug rehabilitation centers		5,000	3			15,000			15,000		
	Drug treatment centers are functional as comprehensive care center for at-risk and HIV positive drug users			1,157	1,612	2,067				-		
	Male	500	1,020	1,441	1,862	510,003	720,622	931,240	2,161,865			
	Female	500	137	171	205	68,254	85,317	102,380	255,951			
	After care centers functional for at-risk and HIV positive recovering drug users			296	412	527				-		
	Male	200	255	360	466	51,000	72,062	93,124	216,186			
	Female	200	41	51	61	8,190	10,238	12,286	30,714			
	Procurement and distribution of Needle/syringes	0.05	6,028,840	7,536,051	9,043,261	301442	376803	452163	1130408			
	Procurement and distribution of lubricants	0.04	4,869,227	5,217,029	5,564,831	194769	208681	222593	626044			
4.3	Facilitate and Expand Interventions for Safe Migration and Mobility					11,866,282	13,650,103	14,534,263	40,050,647	10,085,551		29,965,096
										26,667	SCN	
										24,000	UMN	
										3,429,133	UNDP/DFID	
										3,153,085	GF VII	
										36,000	LWF	
										3,000,000	CARE	
										416,667	NRCS	

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Strt. No.	Activity Set	Unit cost	Target 2008-2009	Target 2009-2010	Target 2010-2011	Cost 2008 -2009	Cost 2009 - 2010	Cost 2010 - 2011	Total Estimated budget	Pledged Budget	Funding Source	Gap
4.3.1	BCI for Seasonal Labor Migrants going to India and their Spouses at Source and Destination	24	485,940	560,700	598,080	11,522,682	13,295,403	14,181,763	38,999,847			
	Nos. of PEs trained and in action		243	280	299							
	Nos. of outreach workers trained and in action		24	28	30							
	Nos. of information centers		486	561	598							
	Condom distribution		18708690	21586950	23026080							
	Nos. of STI cases to be treated		48594	56070	59808							
4.3.2	Prevention Education/Counseling to Migrants going Abroad					343,600	354,700	352,500	1,050,800			
	Coordination and planning with the MOLT	2000	1	1	1	2,000	2,000	2,000	6,000			
	Information center at point of departure	10000	2	2	2	20,000	20,000	20,000	60,000			
	Training of master trainers and refresher (2 batches of 20 pax)					2,200	3,300	1,100	6,600			
	Develop IEC materials	2000	1	1	1	2,000	2,000	2,000	6,000			
	Orientation session for migrants	100	24	24	24	2,400	2,400	2,400	7,200			
	Management of cross country collaboration between India and Nepal to implement behavior change interventions among seasonal labor migrants at destinations in high prevalence states (Maharashtra, Delhi, Andhra/TN).	100000	3	3	3	300,000	300,000	300,000	900,000			
	Establish a strong partnership and mutual working relationships between HIV prevention and anti-trafficking programs	5000	1	1	1	5,000	5,000	5,000	15,000			

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Strt. No.	Activity Set	Unit cost	Target 2008-2009	Target 2009-2010	Target 2010-2011	Cost 2008 -2009	Cost 2009 - 2010	Cost 2010 - 2011	Total Estimated budget	Pledged Budget	Funding Source	Gap
	Support to organizations working on the prevention and control of trafficking of women and girls to integrate HIV/AIDS prevention education	1000	10	20	20	10,000	20,000	20,000	50,000			
4.4	Strengthen Management and Control of STIs					437,135	449,118	488,367	1,374,621	1,329,671		44,950
										573,140	FHI	
										13,333	SCN	
										61,093	Plan	
										150,000	WHO	
										201,744	GF VII	
										220,667	NCASC	
										107,027	NCASC (DFID)	
										2,667	NRCS	
	STI treatment drugs for MARPs	2	99152	112554	123576	198,305	225,107	247,152	670,564			
	Drugs for STI treatment for those other than MARPs	2	9915	11255	12358	19,830	22,511	24,715	67,056			
	Develop SOPs for inclusion of VCT and HIV risk reduction component in STI services within existing public and private health facilities including strong referral linkages	5000	1			5,000	-	-	5,000			
	Orientation and sensitization for STI services at national and sub-national level for policy makers and managers	2000	1	1	1	2,000	2,000	2,000	6,000			

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Strt. No.	Activity Set	Unit cost	Target 2008-2009	Target 2009-2010	Target 2010-2011	Cost 2008 -2009	Cost 2009 - 2010	Cost 2010 - 2011	Total Estimated budget	Pledged Budget	Funding Source	Gap
	Orientatin to medical or graduate nursing schools and pre-service training or induction programs for integration of STI case management approaches (10 institution per year)	5000	1	1	1	5,000	5,000	5,000	15,000			
	Conduct mobile STI case management camps integrated with VCT camps to specific locations such as haatbazzars, fairs and festivals where STI is widely prevelant	cost included under VCT										
	Conduct TOT to produce master trainers and conduct refresher training every year (6 days training for 20 pax)	6000	1	1	1	6,000	6,000	6,000				
	Capacity building of health workers on syndromic approaches to STI case management up to HP level (4 days training to 20 pax/dist., 50 dist)	4000	25	15	15	100,000	60,000	60,000	220,000			
	Orientation to chemists and druggists on STI case management (2 days, 25 batches, 10/dist, 50 dist.)	2200	5	10	10	11,000	22,000	22,000	55,000			
	Traning to medical doctors at district level on etiologial management of STIs (5 days training, 10 batches; 4 pax /dist, 50 dists)	5000	2	4	4	10,000	20,000	20,000	50,000			
	Traditional healers and traditional medical practitioners mobilized for STI case referral (1 batch of 20 pax traned in each of 50 districts)	1100	20	15	15	22,000	16,500	16,500	55,000			
	Strengthen 15 service sites as STI sentinell sites and build capacity for case reporting	3000	6	10	15	18,000	30,000	45,000	93,000			

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Strt. No.	Activity Set	Unit cost	Target 2008-2009	Target 2009-2010	Target 2010-2011	Cost 2008 -2009	Cost 2009 - 2010	Cost 2010 - 2011	Total Estimated budget	Pledged Budget	Funding Source	Gap
	Develop and disseminate IEC materials on STI prevention and treatment	5000	1	1	1	5,000	5,000	5,000	15,000			
	Revise/update, print and disseminate STI guidelines, training curriculum, laboratory guidelines, SOPs, flow charts, as needed	10000	1	1	1	10,000	10,000	10,000	30,000			
	Strengthening of Regional/Teaching Labs with Chlamydial Kits & Gono-coccal culture/sensitivity facilities	10000	1	1	1	10,000	10,000	10,000	30,000			
	Internal Quality Control and External Assessment (QAP) 10% of Negative and 20% of Positive stored specimens	10000	1	1	1	10,000	10,000	10,000	30,000			
	Advocate and support FHD for treatment of pregnant women positive for Syphilis in ANC	5000	1	1	1	5,000	5,000	5,000	15,000			
4.5	Expand Voluntary Counselling and Testing (VCT)					4,127,334	4,988,552	6,222,132	15,338,019	2,934,960		12,403,059
										13,333	SCN	
										51,613	Plan	
										10,000	UNODC	
										1,954,006	GF VII	
										92,600	UNFPA	
										107,027	NCASC (DFID)	
										54,667	NRCS	
	Nos. of MARPs and at risk population getting VCT services		142530	171236	218895		-	-	-			
	Nos. accessing VCT from private sector	30	99771	119865	153227	2,986,088	3,587,493	4,585,975	11,159,556			
	Nos. accessing VCT from public sector	30	14253	17124	21890	430,631	517,361	661,355	1,609,346			
	Nos. accessing VCT through mobile camps	19	28506	34247	43779	541,615	650,698	831,803	2,024,116			

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Strt. No.	Activity Set	Unit cost	Target 2008-2009	Target 2009-2010	Target 2010-2011	Cost 2008 -2009	Cost 2009 - 2010	Cost 2010 - 2011	Total Estimated budget	Pledged Budget	Funding Source	Gap
	Nos. of counselors to be trained and retrained (cost included in the unit cost)		545	655	837	-	-	-	-			
	Nos. of VCT sites in private sector		125	150	192	-	-	-	-			
	Nos. of VCT sites in public sector		57	68	88	-	-	-	-			
	Mobile clinics (1 clinic/dist, 50 dist, 900 test per clinic)		46	55	70	-	-	-	-			
	Introduce Unique Identifier and build capacity to use this with VCT reporting	10000	1	1	1	10,000	100,000	10,000	120,000			
	Conduct "Know your Status" campaign to promote VCT	100000	1	1	1	100,000	100,000	100,000	300,000			
	HIV test kits (VCT)		142,530	171,236	218,895	-	-	-	-			
	Develop/update, print and disseminate SOPs and National Guidelines for VCT	10000	1			10,000			10,000			
	Develop SOPs and guidelines for VCR (voluntary counselling and referral for HP and CBOs staff)	5000	1			5,000			5,000			
	Training on VCR for HP and CBO staff (50 batches of 20 pax; one per dist. in 50 dists.)	2200	20	15	15	44,000	33,000	33,000	110,000			
4.6	Expand and Strengthen Prevention of Mother to Child Transmission Program					803,384	1,068,576	1,412,768	3,284,728	608,740		2,675,988
										34,560	FHI	
										514,180	UNICEF	
										60,000	UNFPA	
	Strengthen and expand PMTCT sites from 15 to 40 in high risk districts from hospitals to health post and in private sectors (through promoting public-private partnership)		20	30	40							

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Strt. No.	Activity Set	Unit cost	Target 2008-2009	Target 2009-2010	Target 2010-2011	Cost 2008 -2009	Cost 2009 - 2010	Cost 2010 - 2011	Total Estimated budget	Pledged Budget	Funding Source	Gap
	Nos. of ANC attendees receiving counseling and testing at 40 sites (on average 5000 test/site/yr)	8	80,000	120,000	160000	640,000	960,000	1,280,000	2,880,000			
	Nos. of mother and baby pair receiving ARV prophylaxis	4	96	144	192	384	576	768	1,728			
	Staff training from public and private sector on PMTCT (3 staff/site, 40 sites) (cost included in unit cost)	cost included in unit cost	60	30	30				-			
	Support for PCR test for all exposed babies 6 weeks to 18 months ensured	Link to CHBC										
	Promotion to access services through providing transportation (as per the guideline) and investigation costs for positive pregnant women	Link to CHBC										
	Post natal follow-up of HIV positive mothers and children through CHBC workers, FCHVs, or other community workers ensured	Link to CHBC										
	Develop one hospital as a model site for PMTCT	10000	1	1	1	10000	10000	10000	30000			
	Develop and disseminate PMTCT Communication Strategy	2000	1	1	1	2000	2000	2000	6000			
	Revise National PMTCT Guideline, disseminate and orient all service delivery points	5000	1			5000	0	0	5000			
	Develop, disseminate and use national package for linking PMTCT to maternal and child health programs, piloting in 3 districts	20000	3			60000	0	0	60000			
	Training FCHV and SBA on management and delivery of PMTCT interventions (40 sites/20 persons)	20	400	200	200	8000	4000	4000	16000			

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Strt. No.	Activity Set	Unit cost	Target 2008-2009	Target 2009-2010	Target 2010-2011	Cost 2008 -2009	Cost 2009 - 2010	Cost 2010 - 2011	Total Estimated budget	Pledged Budget	Funding Source	Gap
	Refereshers and regular trainings on PMTCT for doctors and nurses conducted	10000	1	1	1	10000	10000	10000	30000			
	Training to health workers on 'national package' for linking PMTCT and MCH services	1000	20	10	10	20000	10000	10000	40000			
	Procurement of HIV test kits for PMTCT	1	48,000	72,000	96,000	48000	72000	96000	216000			
4.7	Expand Prevention of Transmission in Health Care Delivery Settings					50,500	35,600	25,800	111,900	-		111,900
	National Medical Standard, SOPs and Protocols for HIV and AIDS Treatment Care and Support are revised, updated, disseminated and sensitized up to community based health facilities in hot spots or high prevalence districts	10,000	1	1	0	10,000	10,000	0	20,000			
	Post Exposure Prophylactic kits supplied to ART sites	5	100	120	160	500	600	800	1,900			
	Adoption, dissemination, orientation and utilization of standard guidelines on universal precaution, PEP service and blood safety (one batch of 20 pax in 40 sites)	500	20	10	10	10,000	5,000	5,000	20,000			
	Training of health care staff on key principles of Universal Precautions, including injection safety, with IEC materials 1 batch in each of 40 sites)	1000	20	10	10	20,000	10,000	10,000	40,000			
	Update the Guideline on Blood Safty and support its implementation through the blood transfusion center and its branches at district level	10000	1	1	1	10,000	10,000	10,000	30,000			

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Strt. No.	Activity Set	Unit cost	Target 2008-2009	Target 2009-2010	Target 2010-2011	Cost 2008 -2009	Cost 2009 - 2010	Cost 2010 - 2011	Total Estimated budget	Pledged Budget	Funding Source	Gap
4.8	Develop and Implement Workplace Policy and Programs					443,878	581,709	716,325	1,741,913	-		1,741,913
	Prevention package for workers	18	15000	21000	24000	268,078	375,309	428,925	1,072,313			
	Nos. of PEs trained and in action		300	420	480							
	Nos. of outreach workers trained and in action		30	42	48							
	Condom distribution		1031250	1443750	1650000							
	STI treatment		222	333	444							
	Supportive Activities			175,800	206,400	287,400	669,600					
	Curriculum developed and updated for scaling up integration of HIV/AIDS in workers' education	10000	1	0	0	10,000	0	0	10,000			
	Training of trainers in integration of HIV/AIDS in 'Sramik Shikchya' workers education of Labor ministry (training of 2 batches of 20 pax)	6200	2			12,400	0	0	12,400			
	Trainers trainings for scaling up of integration of HIV/AIDS in workers' education (training of 2 batches of 20 pax/year)	6200	2	2	2	12400	12400	12400	37,200			
	Integration of HIV/AIDS in workers' education (trade union)	500	20	20	20	10,000	10,000	10,000	30,000			
	Referral information for VCCT, STI treatment and access to care Link to other activities											
	Disseminate, and implement national policy on HIV and AIDS in the workplace	600	10	15	25	6000	9000	15000	30,000			
	Conduct workplace interventions in at least 50 workplaces of high risk districts	5000	25	35	50	125000	175000	250000	550,000			

NAP Costed Plan (2008-2011)												
Strt. No.	Activity Set	Unit cost	Target 2008-2009	Target 2009-2010	Target 2010-2011	Cost 2008 -2009	Cost 2009 - 2010	Cost 2010 - 2011	Total Estimated budget	Pledged Budget	Funding Source	Gap
4.9	Prevention among People Living with HIV and AIDS (Positive Prevention)					123,000	197,000	280,000	600,000	-		600,000
	Booklets, IEC and manuals on positive living produced, disseminated to PLHA	5000	1	0	0	5,000	-	-	5,000			
	Materials on treatment literacy (including Nepali translation)	5000	1	0	0	5,000	-	-	5,000			
	Master trainers on treatment literacy (including refresher)	50	20	20	0	1,000	1,000	-	2,000			
	Outreach programs among people living with HIV and AIDS expanded to increase beneficial disclosure and utilization of prevention, treatment and care services	link to CHBC										
	Strengthen and support self-help and support groups of people living with HIV (4 SGs in each districts, in 50 districts)	1000	80	140	200	80,000	140,000	200,000	420,000			
	Training to PLHA support groups and care providers on emergency response and symptom care (8 persons /support group)	50	640	1120	1600	32,000	56,000	80,000	168,000			
	Condom Promotion					163,287	181,191	192,514	536,993	3,067,246	AED	(2,430,253)
	Condom and Lubricants promotion and distribution for MARPs and at-risk groups through social marketing (cost of condom and Lube. for MARPs already included in BCI cost of respective target groups)		40821771	45297846	48128540	0	0	0	0			
	Condom promotion and distribution for other groups through social marketing (10% of MARP's need)	0.04	4082177	4529785	4812854	163287	181191	192514	536993			

NAP Costed Plan (2008-2011)

Strt. No.	Activity Set	Unit cost	Target 2008-2009	Target 2009-2010	Target 2010-2011	Cost 2008 -2009	Cost 2009 - 2010	Cost 2010 - 2011	Total Estimated budget	Pledged Budget	Funding Source	Gap
	Communication and Mass Media					280,000	260,000	280,000	820,000	248,730	GFVII	571,270
	Conduct formative research for developing communication strategy targeting MARPs and at risk groups	10000	1			10,000	-	-	10,000			
	Develop/update National Communication Strategy on HIV/AIDS	10000	1			10,000	-	-	10,000			
	Conduct mass media campaign targeting MARPs (like "Know your Status" campaign)	150000	1	1	1	150,000	150,000	150,000	450,000			
	Prevention education for adolescents and youth at risk of migration and trafficking through mass media	100000	1	1	1	100,000	100,000	100,000	300,000			
	Distance teaching and learning through use of information technology	10000	1	1	1	10,000	10,000	10,000	30,000			
	Impact evaluation of mass media through integrating questions in the relevant surveys and studies	20000			1			20,000	20,000			
	Addressing HIV prevention in humanitarian settings	100000	1	1	1	50,000	25,000	25,000	100,000			
5.	Treatment Care and Support					4,193,945	5,360,993	6,339,716	15,894,655	12,347,091		
5.1	Increase Access to Quality Treatment, Diagnostics, Care and Support Services					875,000	985,000	995,000	2,855,000	667,218		2,187,782
										338,177	GF VII	
										95,040	UMN	
										126,615	UNFPA	
										80,000	NRCS	
	Revise/develop national protocol on national laboratory quality assurance	5000			1	5,000			5,000			

NAP Costed Plan (2008-2011)												
Strt. No.	Activity Set	Unit cost	Target 2008-2009	Target 2009-2010	Target 2010-2011	Cost 2008 -2009	Cost 2009 - 2010	Cost 2010 - 2011	Total Estimated budget	Pledged Budget	Funding Source	Gap
	Technical assistance to develop a plan for EQAS	10000			1	10,000			10,000			
	Conduct semi annual EQAS (packaging, tpt, etc)	20000	1	1	1	20,000	20,000	20,000	60,000			
	Strengthen Teku hospital as a center of excellence					100,000	100,000	100,000	300,000			
	Build capacity of 5 ART sites regionally for oversight of other care sites in the region as a center of support	25000	5	5	5	125,000	125,000	125,000	375,000			
	Develop 'maintenance' sites for ongoing monitoring and drug dispensing	10,000	25	35	40	250,000	350,000	400,000	1,000,000			
	Operate viral load machine	20000	1	1	1	20000	20000	20,000	60000			
	CD4 Facs caliber procurement	90000	1	1		90000	90000	0	180000			
	National Public Health Laboratory strengthened as a reference laboratory for clinical mentoring and monitoring	100000	1	1	1	100000	100000	100000	300000			
	Regional and district networks for laboratory support strengthened both for private and public laboratories	5000	6	6	6	30000	30000	30000	90000			
	Build capacity and mobilize social units in the comprehensive HIV care sites for increasing access and adherence	5000	25	30	40	125000	150000	200000	475000			
	Government staff and CBOs trained in treatment preparedness and adherence support	Under CHBC										
5.2	Stigma and Discrimination Reduction					90,000	90,000	100,000	280,000		-	280,000

NAP Costed Plan (2008-2011)

Strt. No.	Activity Set	Unit cost	Target 2008-2009	Target 2009-2010	Target 2010-2011	Cost 2008 -2009	Cost 2009 - 2010	Cost 2010 - 2011	Total Estimated budget	Pledged Budget	Funding Source	Gap
	Orientation of PLHAs, communities, health service providers, religious leaders and families to reduce stigma and discrimination related to HIV and AIDS through advocacy and awareness campaigns (by district)	2,000	15	15	20	30,000	30,000	40,000	100,000			
	Integration of gender inclusive S&D activities successfully (positive speakers' bureau, community mobilization sessions with religious leaders and community leaders, TOT for media, advocacy for anti-discrimination laws,etc)			link to Positive prevention								
	Code of conduct developed and enacted for service providers and health care workers (including training)	10000	1	1	1	10,000	10,000	10,000	30,000			
	Mass media campaign for the reduction of stigma and discrimination and promotion of rights to services of PLHA, MARPs and vulnerable groups	50000	1	1	1	50,000	50,000	50,000	150,000			
5.3	Community and Home Based Care					292,000	547,000	1,022,000	1,861,000	949,081		
										353,707	FHI	911,919
										29,333	SCN	
										500,707	GF VII	
										65,333	NRCS	
	Revision of CHBC training manual	5000		1		-	5,000	-	5,000			
	Update,print and disseminate CHBC Guidelines and SOPs	5000	1			5,000	-	-	5,000			
	Develop Guidelines and manuals for integration of herbal and yoga care in CHBC program	5000		1		-	5,000	-	5,000			

NAP Costed Plan (2008-2011)												
Strt. No.	Activity Set	Unit cost	Target 2008-2009	Target 2009-2010	Target 2010-2011	Cost 2008 -2009	Cost 2009 - 2010	Cost 2010 - 2011	Total Estimated budget	Pledged Budget	Funding Source	Gap
	Develop and print CHBC handbook/booklets and other IEC materials	5000	1	1	1	5,000	5,000	5,000	15,000			
	Sensitization to national level policy makers on CHBC	2000	1	1	1	2,000	2,000	2,000	6,000			
	Orientation to DHO/DPHO and PHC facilities on CHBC	500	20	20	10	10,000	10,000	5,000	25,000			
	Strengthen referral and linkages between CHBC and other service components (budget built in other services)	0	0	0	0	-	-	-	-			
	Capacity building of PLHA and community leaders (religious, political, social) support groups/ volunteer on CHBC (by district)	1000	20	20	10	20,000	20,000	10,000	50,000			
	Training for palliative care, nutrition and social support to PLHAs through Community Support Groups, including general care and support to PLHAs and affected (5 groups per district, 50 districts)	2000	100	200	400	200,000	400,000	800,000	1,400,000			
	Orient and sensitize DACC/ DPHO/DHO and local government to monitor district and grass roots CHBC work and reporting to national C&S system in newly expanded districts (25 districts)	link with pmtct										
	Procurements and refill of CHBC kits for CHBC services (one kit/support group, 5 groups/dist., 50 districts))	500	100	200	400	50,000	100,000	200,000	350,000			

NAP Costed Plan (2008-2011)

Strt. No.	Activity Set	Unit cost	Target 2008-2009	Target 2009-2010	Target 2010-2011	Cost 2008 -2009	Cost 2009 - 2010	Cost 2010 - 2011	Total Estimated budget	Pledged Budget	Funding Source	Gap
5.4	Children Affected by AIDS (CABA) Including Pediatric Care					374,351	496,477	580,611	1,451,439	1,063,383		388,056
										296,940	UNICEF	
										677,110	UNICEF	
										65,333	SCN	
										24,000	NRCS	
	Nos. of children on 1st line ARV	275	167	223	306	45,961	61,281	84,261	191,503			
	Nos. of children on 2nd line ARV	418	8	11	15	3,496	4,661	6,410	14,567			
	Decentralize pediatric ART in high prevalence districts and expand 10 sites to private hospitals (through promoting public-private partnership)	10000	2	4	4	20,000	40,000	40,000	100,000			
	Transportation and investigation costs for treatment of HIV +ve children	50	167	223	306	8,357	11,142	15,320	34,819			
	Provide targeted education, nutrition, medical, psycosocial and other identified forms of external support to children affected by AIDS at the community level	50	3,883	5,436	6,212	194,138	271,793	310,620	776,550			
	Community sensitization including leaders, FBOs and advocacy for strengthened family and social ties for CABA and affected families		Link to CHBC					0				
	Inventory and coordination with existing orphanage homes to identify CABA in orphanages and reintegrate them into their families, communities or foster care	20,000	1	1	1	20,000	20,000	20,000	60,000			
	Crisis care center established for most needed CABA in coordination with MoW CSW	23,000	1	2	3	23,000	46,000	69,000	138,000			

NAP Costed Plan (2008-2011)												
Strt. No.	Activity Set	Unit cost	Target 2008-2009	Target 2009-2010	Target 2010-2011	Cost 2008 -2009	Cost 2009 - 2010	Cost 2010 - 2011	Total Estimated budget	Pledged Budget	Funding Source	Gap
	CCWB in 50 dist. strengthened for developing protection mechanisms for CABA	500	20	20	20	10,000	10,000	10,000	30,000			
	Capacity of national and district level duty bearers developed (including NGOs and community-based support groups) to plan and provide services to CABA	2,200	2	3	0	4,400	6,600	0	11,000			
	Update and widely distribute Pediatric ART Guidelines and manuals	10000	1	0	0	10,000	0	0	10,000			
	Develop and disseminate National CABA strategies and guidelines	10000	1	0	0	10,000	0	0	10,000			
	Develop and coordinate efforts with Ministry of Education for equal access to education for CABA			link to advocacy, policy and legal reform								
	Coordination with organizations working on eliminating child labor and child exploitation (ILO), child welfare committees				link to advocacy, policy and legal reform							
	Conduct studies to assess the CABA situation and response in Nepal	25000	1		1	25,000	25,000	25,000	75,000			
5.5	Impact Mitigation Program					160,000	160,000	87,500	407,500	1,077,464		(669,964)
										3,281	FHI	
										41,333	SCN	
										10,926	FPAN	
										981,924	Action Aid	
										40,000	NRCS	
	Policies on impact mitigation for PLHA and their spouses	10000	0	1	0	-	10,000	-	10,000			

NAP Costed Plan (2008-2011)

Strt. No.	Activity Set	Unit cost	Target 2008-2009	Target 2009-2010	Target 2010-2011	Cost 2008 -2009	Cost 2009 - 2010	Cost 2010 - 2011	Total Estimated budget	Pledged Budget	Funding Source	Gap
	Skill building and support for IGP to the PLHIV (focusing on the women PLHIV, 25 pax per dist, 50 dist)	250	500	500	250	125,000	125,000	62,500	312,500			
	Conduct livelihood support programs to HIV +ve trafficking victims and infected and affected women by MWCSW	250	100	100	100	25,000	25,000	25,000	75,000			
	Assessment of socioeconomic impact of the HIV epidemic on PLHA	10000	1	0	0	10,000	-	-	10,000			
5.6	Prevention and Clinical Management of OIs and HIV/AIDS Related Illness					549,398	590,237	687,506	1,827,141	1,291,273		535,868
										247,147	NCASC	
	OI prophylaxis	3	38,806	46,209	53,612	97015	115523	134030	346,568			
	OI treatment	15	23,302	28,552	33,803	349523	428284	507046	1,284,853			
	Update OI Guidelines	10000	1			10000	0	0	10,000			
	Health workers (up to health post level) trained on OI management	4643	20	10	10	92860	46430	46430	185,720			
5.7	Expansion of Antiretroviral Therapy (ARVT)											
						1,299,500	1,928,229	2,525,895	5,753,624	1,607,000		4,146,624
										13,333	NCASC (GFATM II)	
										1,464,498	UNDP DFID	
										97,093	NCASC	
										17,409	FHI	
										14,667	NRCS	
	Strengthen and expand ART sites from 23 existing sites to 40 sites for the delivery of comprehensive HIV care in high prevalence district/areas	5000	25	30	40	125000	150000	200000	475000			

NAP Costed Plan (2008-2011)

Strt. No.	Activity Set	Unit cost	Target 2008-2009	Target 2009-2010	Target 2010-2011	Cost 2008 -2009	Cost 2009 - 2010	Cost 2010 - 2011	Total Estimated budget	Pledged Budget	Funding Source	Gap
	Advocacy activities on Hepatitis B, C and HIV co-infection	5000	1			5000	0	0	5000			
	IEC materials on Hep B and C and HIV co-infection	5000		1		0	5000	0	5000			
	National seminar on Hepatitis B/C and HIV co-infection	10000			1	0	0	10000	10000			
	Logistics and Procurement					543696	559050	331204	1433950	5,691,672		(4257721)
										5,679,485	GF VII	
										12,187	NCASC (GFATM II)	
	Supply chain management of HIV test kits and ARV drugs and other commodities to service delivery points	42857	1	1	1	42857	42857	42857	128571			
	Supervision visits of service delivery sites	5000	1	1	1	5000	5000	5000	15000			
	HIV/AIDS logistics training & refresher organized	3000	1	1	1	3000	3000	3000	9000			
	Capacity (appropriate persons) building for logistics, forecasting and supply chain management	5000	1	0	0	5000	0	0	5000			
	Support provided to central warehouse for the delivery of drugs and commodities	3885	1	1	1	3885	3885	3885	11655			
	Ensure development/adoption of appropriate software for inventory management at central warehouse	1800	1			1800	0	0	1800			
	Support provided to logistic task force for review meeting with service providers					2154	4308	6462	12924			
	Cold storage construction at the central ware house	30000		1		30000	0		30000			

NAP Costed Plan (2008-2011)

Strt. No.	Activity Set	Unit cost	Target 2008-2009	Target 2009-2010	Target 2010-2011	Cost 2008 -2009	Cost 2009 - 2010	Cost 2010 - 2011	Total Estimated budget	Pledged Budget	Funding Source	Gap
	Build (refurbish) secure storage space at the districts with ART sites	10000	25	30	7	250000	300000	70000	620000			
	Equipments/reagents	200000	1	1	1	200000	200000	200000	600000			
6	Advocacy, Policy and Legal Reform					218,900	226,700	221,400	667,000	1,789,448		(1,122,448)
										512,857	FHI	
										3,333	SCN	
										4,267	UMN	
										75,000	UNODC	
										105,670	GF VII	
										231,700	NCASC	
										400,000	UNAIDS	
										375,621	FHI	
										14,667	NCASC (DFID)	
										9,000	LWF	
										57,333	NRCS	
6.1	Establish HIV/AIDS as a Development Agenda					193,400	199,200	203,900	596,500	-		
	Review and update National AIDS policy 1995 (review, finalize, endorse, print and disseminate)	5,000	1			5,000	-	-	5,000			
	Develop policies, acts, laws, by-laws and detailed operational plan of HIV/AIDS and STD Control Board	5,000	1			5,000	-	-	5,000			
	Develop National Advocay Plan and train leaders on the use of the plan	10,000	1	1		10,000	10,000	-	20,000			
	Development of Policy Position Papers and advocacy materials	10,000		1		-	10,000	-	10,000			

NAP Costed Plan (2008-2011)												
Strt. No.	Activity Set	Unit cost	Target 2008-2009	Target 2009-2010	Target 2010-2011	Cost 2008 -2009	Cost 2009 - 2010	Cost 2010 - 2011	Total Estimated budget	Pledged Budget	Funding Source	Gap
	Leadership development at national and regional level and documentation of best practices on leadership successes in Nepal					10,000	10,000	5,000	25,000			
	Advocacy workshops to CA members and political leaders and members of Human Rights Commission	100	300	301		30,000	90,300	-	120,300			
	Organize Fourth National AIDS Conference	120,000			1	-	-	120,000	120,000			
	National Harm Reduction Conference (2nd and Third)	50,000	1		1	50,000	-	-	50,000			
	Issue based national and regional seminars (<i>link with review meetings</i>)					-	-	-	-			
	1. National Level Seminar (100 participants)	10,400	1	1	1	10,400	10,400	10,400	31,200			
	2. Regional Workshops (50 participants)	5,200	5	5	5	26,000	26,000	26,000	78,000			
	Day celebration (AIDS day, condom day and international anti-drugs day and other relevant days)	20,000	1	1	1	20,000	20,000	20,000	60,000			
	Harmonize drug policy and HIV/AIDS policy (interministerial meeting)	2,000	1			2,000	-	-	2,000			
	Dissemination of National Action Plan	2,500	1			2,500	-	-	2,500			
	Issue based advocacy workshops/ activities every year for each MARP group	2,500	5	5	5	12,500	12,500	12,500	37,500			
	Bilateral advocacy for cross border implementation of HIV programs	10,000	1	1	1	10,000	10,000	10,000	30,000			
6.2	Ensuring the Rights of Infected, Affected and Vulnerable Groups					25,500	27,500	17,500	70,500			

NAP Costed Plan (2008-2011)

Strt. No.	Activity Set	Unit cost	Target 2008-2009	Target 2009-2010	Target 2010-2011	Cost 2008 -2009	Cost 2009 - 2010	Cost 2010 - 2011	Total Estimated budget	Pledged Budget	Funding Source	Gap
	Advocacy for endorsement and enactment of HIV/AIDS Bill (meetings, workshops and lobbying)	1,000	3			3,000	-	-	3,000			
	Develop/reform supporting laws and bylaws to promote rights of PLHIV and MARPs in line with HIV/AIDS Bill (act)	10,000		1		-	10,000	-	10,000			
	Adopt, disseminate and monitor NGO Code of Conduct on HIV AIDS	5,000	1			5,000	-	-	5,000			
	Support groups and networks of FSW, IDUs, MSM, Migrants, PLHA to advocate for their own rights	2,500	5	5	5	12,500	12,500	12,500	37,500			
	Establish HIV desk at the NHRC	5,000	1	1	1	5,000	5,000	5,000	15,000			
7	Leadership and Management					667,072	717,072	797,072	2,181,216	5,118,508		(2,937,292)
										458,982	FHI	
										207,980	Deliver	
										6,667	SCN	
										182,304	UMN	
										282,400	UNODC	
										150,000	WHO	
										2,792,016	GF VII	
										44,133	HSCB	
										262,329	NCASC	
										46,987	NCASC (GFATM II)	
										300,000	UNDP	
										51,520	NCASC (DFID)	
										12,000	LWF	
										104,000	NRCS	

NAP Costed Plan (2008-2011)

Strt. No.	Activity Set	Unit cost	Target 2008-2009	Target 2009-2010	Target 2010-2011	Cost 2008 -2009	Cost 2009 - 2010	Cost 2010 - 2011	Total Estimated budget	Pledged Budget	Funding Source	Gap
7.1	Operationalize Three Ones Principle					317,000	300,000	320,000	937,000	-		
	Develop policies, acts, laws, by laws and detailed operational plan of HIV/AIDS and STI Control Board	10,000	1			10,000	-	-	10,000			
	Operational support to HSCB with human resources	300,000	1	1	1	300,000	300,000	300,000	900,000			
	Endorse and disseminate costed NAP (2008-2011)	2,000	1			2,000	-	-	2,000			
	Develop National HIV and AIDS Strategy 2011-2016	20,000			1	-	-	20,000	20,000			
	Review and update National M&E Guideline and Plan	5,000	1			5,000	-	-	5,000			
7.2	Promote Multisectoral and Decentralized Response					243,600	335,600	395,600	974,800	217,190		
										5,000	UNODC	
										82,750	NCASC	
										5,333	NCASC (GFATM II)	
										124,107	NCASC (DFID)	
	Advocacy at ministry level for the development and implementation of sectoral plans integrating HIV and AIDS (meetings, workshops, lobbying, discussions, etc.)	2,000		1	1	-	2,000	2,000	4,000			
	Preparation and dissemination of guidelines and toolkit for mainstreaming HIV program	10,000	1			10,000	-	-	10,000			
	Establish/strengthen HIV/AIDS desk/unit in concerned line ministries	5,000	4	6	8	20,000	30,000	40,000	90,000			
	Regular quarterly inter-ministerial meetings	200	3	3	3	600	600	600	1,800			

NAP Costed Plan (2008-2011)

Strt. No.	Activity Set	Unit cost	Target 2008-2009	Target 2009-2010	Target 2010-2011	Cost 2008 -2009	Cost 2009 - 2010	Cost 2010 - 2011	Total Estimated budget	Pledged Budget	Funding Source	Gap
	Reactivate NAC and NACC with clear role deliniation and conduct regular meetings	3,000	1	1	1	3,000	3,000	3,000	9,000			
	Support and strenghten DACC for coordination of HIV/AIDS response at the district level	10,000	20	30	35	200,000	300,000	350,000	850,000			
	Develop guideline for public private partnership mechanism for HIV/AIDS program	10,000	1			10,000	-	-	10,000			
7.3	National Capacities for Expanded Response Strengthened (discuss with SAE and NCASC)					106,472	81,472	81,472	269,416			
	Develop national human resource development plan	10,000	1			10,000	-	-	10,000			
	Development of National Training Strategy on STI and HIV/AIDS to strengthen capacity of health workforce	10,000	1			10,000	-	-	10,000			
	Leadership and management training to networks and civil society organizations for an effective response and better service delivery	9,986	2	2	2	19,972	19,972	19,972	59,916			
	Exposure visits for developing capacity of program managers and service providers of different levels					-	-	-	-			
	National Visits	5,000	2	2	2	10,000	10,000	10,000	30,000			
	International Visits	20,000	2	2	2	40,000	40,000	40,000	120,000			
	Establish Partnership Forum and regular coordination meetings (six monthly)	2,000	2	2	2	4,000	4,000	4,000	12,000			

NAP Costed Plan (2008-2011)

Strt. No.	Activity Set	Unit cost	Target 2008-2009	Target 2009-2010	Target 2010-2011	Cost 2008 -2009	Cost 2009 - 2010	Cost 2010 - 2011	Total Estimated budget	Pledged Budget	Funding Source	Gap
	Strengthen leadership forums of different constituency groups	1,500	5	5	5	7,500	7,500	7,500	22,500			
	Nomination of Goodwill Ambassador	1,000	5			5,000	-	-	5,000			
8	Strategic Information					974,683	1,105,892	775,767	2,856,342	2,282,439		573,903
										300,000	WHO	
										19,860	NCASC	
										2,667	NCASC (GFATM II)	
										816,824	FHI	
										850,856	GF VII	
										13,333	SCN	
										14,232	UMN	
										190,000	UNODC	
										46,667	NCASC (GFATM II)	
										28,000	NRCS	
8.1	One Monitoring and Evaluation System in Place and Operational					475,783	419,992	427,867	1,323,642	-		
	Support and strengthening of M&E units at national, regional and district levels (staffing, operational cost, data base, investment, etc)								-			
					106,472	81,472	81,472	269,416	-			
	National level/HSCB					33,600	29,600	29,600	92,800			
	Health sector/NCASC					33,600	29,600	29,600	92,800			
	Regional level (5 regions)					66,667	66,667	66,667	200,000			
	DHO/DPHOs (in 35 priority districts)					85,333	48,000	56,000	189,333			

NAP Costed Plan (2008-2011)												
Strt. No.	Activity Set	Unit cost	Target 2008-2009	Target 2009-2010	Target 2010-2011	Cost 2008 -2009	Cost 2009 - 2010	Cost 2010 - 2011	Total Estimated budget	Pledged Budget	Funding Source	Gap
	DACC (in 35 priority districts including piloting of M and E plan implementation in 4 districts before replication in other districts)					165,333	168,000	196,000	529,333			
	Update existing National M&E Plan and training curriculum; print and disseminate at central, regional and district level	10,000	1			10,000	-	-	10,000			
	5 days Master Trainers Trainings (MTOT) on M&E at central and refresher training (1 batch of 25 of Pax)	250	25	25		6,250	3,125	-	9,375			
	Tranings at districts (3 days training, 20 persons of one batch in 50 districts)	3,000	25	25		75,000	75,000	-	150,000			
	Final evaluation of National HIV and AIDS Program (2006-2011)	50,000			1	-	-	50,000	50,000			
8.2	Second Generation Surveillance System Strengthened Finalization of the Surveillance Guideline and develop National Surveillance Plan	10,000	1			61,400	51,400	51,400	164,200	-		
	Strengthen and expand sentinel sites	25,000	1	1	1	25,000	25,000	25,000	75,000			
	Strengthen NCASC for carrying out surveillance activities (with surveillance and reasearch officer)	26,400	1	1	1	26,400	26,400	26,400	79,200			
8.3	Strategic Information System Created and Functional					407,500	484,500	276,500	1,168,500	-		
	IBBS among:											
	Migrants and their spouses	100,000	1		1	100,000	-	100,000	200,000			
	MSM/TG	100,000	1		1	100,000	-	100,000	200,000			
	FSW and their clients	100,000		1		-	100,000	-	100,000			
	IDUs	100,000		1		-	100,000	-	100,000			

NAP Costed Plan (2008-2011)

Strt. No.	Activity Set	Unit cost	Target 2008-2009	Target 2009-2010	Target 2010-2011	Cost 2008 -2009	Cost 2009 - 2010	Cost 2010 - 2011	Total Estimated budget	Pledged Budget	Funding Source	Gap
	Prisoners	50,000		1		-	50,000	-	50,000			
	Uniformed services	50,000	1			50,000	-	-	50,000			
	Update adult HIV prevalence 2007 and 2009	10,000		1		-	10,000	-	10,000			
	Size estimation of MARPs and CABA	40,000	1	1	1	40,000	40,000	40,000	120,000			
	Assessment of quality of service interventions among MARPS	30,000		1		-	30,000	-	30,000			
	Baseline study on needs and service coverage among youth and adolescents	25,000	1	1		25,000	25,000	-	50,000			
	Conduct geographical mapping of risk and burden	50,000	1			50,000		-	50,000			
	Conduct modeling and projection for identifying the priorities to address the epidemic (including GOALS model)	50,000		1		-	50,000	-	50,000			
	Annual report on national HIV response	5,000	1	1	1	5,000	5,000	5,000	15,000			
	UNGASS Report 2010	20,000		1		-	20,000	-	20,000			
	Create a database of all publications related to HIV and AIDS	10,000		1		-	10,000	-	10,000			
	Introduce HIV advanced infection reporting on a limited scale before scale up					2,000	5,000	5,000	12,000			
	Advocate and include questions on migration, use of injecting drug use and visiting sex workers in DHS	2,000	1	1		2,000	2,000		4,000			
	Monitor HIV trends among ANC attendees at the maternity hospital in Kathmandu	1,000	1	1	1	1,000	1,000		2,000			
	Monitor HIV prevalence among blood donors	1,000	1	1	1	1,000	1,000	1,000	3,000			

NAP Costed Plan (2008-2011)

Strt. No.	Activity Set	Unit cost	Target 2008-2009	Target 2009-2010	Target 2010-2011	Cost 2008 -2009	Cost 2009 - 2010	Cost 2010 - 2011	Total Estimated budget	Pledged Budget	Funding Source	Gap
	Standardize case definitions for MARPs	1,000	1			1,000	-		1,000			
	Continue HIV surveillance among new cases of TB (with all positive cases reported to NCASC)	500	1	1	1	500	500	500	1,500			
	Develop standardized protocols for HIV surveillance activities (to be reviewed and signed off by the NHRC)	4,000	1			4,000	-	-	4,000			
	Develop ethical guidelines on research of HIV-link to NHRC	1,000	1			1,000	-	-	1,000			
	Mid-term review of the NAP	10,000		1		-	10,000	-	10,000			
	Program Reviews					-	-	-	-			
	PMTCT	5,000	1	1	1	5,000	5,000	5,000	15,000			
	ART	5,000	1	1	1	5,000	5,000	5,000	15,000			
	OI	5,000	1	1	1	5,000	5,000	5,000	15,000			
	STI	5,000	1	1	1	5,000	5,000	5,000	15,000			
	CHBC	5,000	1	1	1	5,000	5,000	5,000	15,000			
8.4	Operational Research Carried out to Inform Gaps in the Response					30,000	150,000	20,000	200,000			
	<i>Operational Researches On:</i>											
	IGA	10,000			1	-	-	10,000	10,000			
	Population movement	10,000			1	-	-	10,000	10,000			
	Knowledge/skills assessment of SPs on STIs case management	10,000		1		-	10,000	-	10,000			
	ART adherence	10,000	1			10,000	-	-	10,000			
	VCT utilization	10,000	1			10,000	-	-	10,000			
	YIC programs	10,000		1		-	10,000	-	10,000			
	PMTCT-partner tracing	10,000		1		-	10,000	-	10,000			

NAP Costed Plan (2008-2011)

Strt. No.	Activity Set	Unit cost	Target 2008-2009	Target 2009-2010	Target 2010-2011	Cost 2008 -2009	Cost 2009 - 2010	Cost 2010 - 2011	Total Estimated budget	Pledged Budget	Funding Source	Gap
	Mapping of services and sizes by districts	10,000	1			10,000	-	-	10,000			
	Situation analysis of trafficked women and girls including HIV risk	10,000		1		-	10,000	-	10,000			
	Ethnographic study of drug users	50,000		1			50,000		50,000			
	HIV vulnerability assessment of workplaces	10,000			1		10,000		10,000			
	Population based survey among cross border migrant population in selected districts	50,000		1			50,000		50,000			
9	Finance and Resource Mobilization					177,750	107,750	64,000	349,500	-		349,500
9.1	Accelerate Resource Mobilization within the Country and Outside					37,000	27,000	27,000	91,000	-		
	To advocate ministries MoLT, (MOHP, MoHA, MoF, MoLD, MoYS, MoW CSW, MoE, MoIC, MoCS, Mol,etc), CA memebers, NPC FNCCI, CNI, NRN, NHRC for increasing Govt. investment in response to AIDS (activities- national seminar, multi-sectoral sub committee											
	Policy and financial gap analysis	10,000	1			10,000	-	-	10,000			
	National Seminar/Advocacy workshops to share the findings of the analysis and increase government investment	3,000	2	2	2	6,000	6,000	6,000	18,000			
	Resource mobilization meetings with the donors/EDPs for fulfilling the gaps as identified through the costed NAP (2008-2011)	3,000	1	1	1	3,000	3,000	3,000	9,000			
	Develop and submit proposal to GFATM and other national and international potential donors for raising funds to fill the gaps in the national response	10,000	1	1	1	10,000	10,000	10,000	30,000			

NAP Costed Plan (2008-2011)

Strt. No.	Activity Set	Unit cost	Target 2008-2009	Target 2009-2010	Target 2010-2011	Cost 2008 -2009	Cost 2009 - 2010	Cost 2010 - 2011	Total Estimated budget	Pledged Budget	Funding Source	Gap
	Advocacy meetings with private sector for resource contribution as a part of CSR. (FNCCI, CNI, Bankers association, (organizing cost)	1,000	1	1	1	1,000	1,000	1,000	3,000			
	Advocacy for resource mobilization and mainstreaming in Donor's forum, education development partner's meeting, Health EDP, (developing concept note, lobbying and meetings)	1,000	1	1	1	1,000	1,000	1,000	3,000			
	Advocate with PAF for livelihood	1,000	1	1	1	1,000	1,000	1,000	3,000			
	Strengthen the private sector subcommittee of SAE/Form and strengthen business coalition for AIDS	5,000	1	1	1	5,000	5,000	5,000	15,000			
9.2	Develop and Implement Multisectoral Policy					10,000	10,000	10,000	30,000	-		
	Develop HIV and AIDS mainstreaming guideline for the multisectoral resource mobilization/program integration (link to policy)	-	-			-	-	-	-			
	Advocate line ministries to include HIV/AIDS in annual/periodic planning cycle as a regular activity rather than an extra activity (link to advocacy activities)	-	-			-	-	-	-			
	Capacity building of the line ministries to advocate for adequate and appropriate allocation of resources	5,000	1	1	1	5,000	5,000	5,000	15,000			
	Build capacity of DACCs in resource generation, coordination and management (link to DACC strengthening)	-	-			-	-	-	-			

NAP Costed Plan (2008-2011)												
Strt. No.	Activity Set	Unit cost	Target 2008-2009	Target 2009-2010	Target 2010-2011	Cost 2008 -2009	Cost 2009 - 2010	Cost 2010 - 2011	Total Estimated budget	Pledged Budget	Funding Source	Gap
	Provide technical support to non-health sector for preparing and integrating HIV/AIDS programs in their respective sectors (orientation/trainings)	5,000	1	1	1	5,000	5,000	5,000	15,000			
9.3	Strengthen/Establish a Semi-Autonomous Body, with a Flexible Financial Management System and Rules					40,000	15,000	-	55,000	-		
	Develop financial management and procurement policy, guidelines and infrastructure of HSCB	10,000	1			10,000	-	-	10,000			
	Human resource management for HSCB (recruitment, capacity building)	10,000	1	1		10,000	10,000	-	20,000			
	Develop resource generation and management capacity of HSCB	5,000	1	1		5,000	5,000	-	10,000			
	Draft, advocate, endorsement for Parliamentary Act for the full autonomy of HSCB	10,000	1			10,000	-	-	10,000			
	Pilot GOALS model	5,000	1			5,000	-	-	5,000			
9.4	Establish Simplified, efficient and Transparent Financial System					90,750	55,750	27,000	173,500	-		
	Establish National Database (Finance) at HSCB.	10,000	1			10,000	-	-	10,000			
	Build national capacity on NASA (Training from 25 pax. twice)	150	25	25		3,750	3,750	-	7,500			
	Build national capacity for costing the National HIV and AIDS Strategy	10,000	5	5		50,000	50,000	-	100,000			
	Conduct NASA 2008 and 2010 Resource tracking using NASA tools-yearly	25,000 2,000	1 1		1 1	25,000 2,000	- 2,000	25,000 2,000	50,000 6,000			
	Grand Total					36,037,177	42,853,176	49,147,598	128,037,952	57,945,368		70,199,807

List of NAP Consultations held

SN	Date	Theme	Venue	Time	Coordinators
1	Friday, August 15, 2008	Prison Interventions	UNODC Hall	11:00-1:00	UNODC
2	Friday, August 15, 2008	CHBC	White Building, Teku	2:00-4:00	FHI
3	Tuesday, August 19, 2008	Adolescent and Youth and CABA	White Building, Teku	10 :00-12:00	UNICEF
4	Tuesday, August 19, 2008	PMTCT	White Building, Teku	3:00-5:00	UNICEF
5	Wednesday, August 20, 2008	Mobile Populations	White Building, Teku	10:00-12:00	FHI
6	Wednesday, August 20, 2008	DUs	UNODC Hall	2:30-5:00	RN
7	Thursday, August 21, 2008	FSWs & their clients	White Building, Teku	10:00-2:00	JMS
8	Thursday, August 21, 2008	Uniform Services	White Building, Teku	2:30-4:00	Constella Futures
9	Friday, August 22, 2008	Work Place	ILO Hall	10:00-12:00	ILO
10	Sunday, August 24, 2008	STI/VCT	White Building, Teku	10:00-2:00	NCASC
11	Sunday, August 24, 2008	ART/OI	White Building, Teku	10:00-2:00	NCASC
12	Monday, August 25, 2008	PLHA	White Building, Teku	10:00-12:00	NAPN
13	Monday, August 25, 2008	MSM/TG	White Building, Teku	2:30-4:30	FSGMN
14	Tuesday, August 26, 2008	Leadership Management	HSCB	10:00-11:30	NCASC/HSCB
15	Tuesday, August 26, 2008	Strategic Information	HSCB	11:30-1:00	NCASC/HSCB
16	Wednesday, August 27, 2008	Finance & Resource "EDPs Meeting"	HSCB	11:00-1:00	NCASC/HSCB
17	Thursday, August 28, 2008	UN TGM	HSCB	3:00-4:00	UNAIDS



UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

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UNICEF
WFP
UNDP
UNFPA

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