



National HIV and AIDS Action Plan 2008-2011





Government of Nepal

Phone : 4-262534

Fax : 4-262565

Ministry of Health & Population



Hon'able Girirajmani Pokharel

Minister for Health and Population

Ramshahpath, Kathmandu, Nepal

Ref:

Date:

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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.

Giriraj Mani Pokharel

Minister, Health and Population

Chair, National AIDS Coordination Committee

Chair, HIV AIDS and STI Control Board

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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 | | | |

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 |
|--------------|--|-----------|------------------|------------------|------------------|------------------|------------------|------------------|------------------------|----------------|------------------|-------------------|
| | 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 | | | | | | | |

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 |
|--------------|--|-----------|------------------|------------------|------------------|-----------------|------------------|------------------|------------------------|----------------|----------------|------------------|
| | 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 | |

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 |
|-----------|---|-----------|------------------|------------------|------------------|-----------------|------------------|------------------|------------------------|----------------|----------------|-----|
| | | | | | | | | | | 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 | | | |

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 |
|--------------|--|-----------|------------------|------------------|------------------|------------------|------------------|------------------|------------------------|------------------|----------------|------------------|
| | 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 Reduction | | | | | 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 | | | | | | | |

NAP Costed Plan (2008-2011)

| 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 |

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 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 | |

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 |
|-----------|---|-----------|------------------|------------------|------------------|-----------------|------------------|------------------|------------------------|----------------|----------------|-----|
| 4.3.1 | 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 | | | |

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 |
|------------|--|-----------|------------------|------------------|------------------|-----------------|------------------|------------------|------------------------|------------------|----------------|---------------|
| | 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 | | | |

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 |
|-----------|--|-------------------------|------------------|------------------|------------------|-----------------|------------------|------------------|------------------------|----------------|----------------|-----|
| | 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 | | | |

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 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 | | | |

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 |
|------------|--|-----------|------------------|------------------|------------------|-----------------|------------------|------------------|------------------------|----------------|----------------|------------------|
| | 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 | | | | | | | |

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 |
|-----------|--|----------------------------|------------------|------------------|------------------|-----------------|------------------|------------------|------------------------|----------------|----------------|-----|
| | 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 | | | |

| 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 |
| | 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 | | | |

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 |
|-----------|--|-----------|------------------|------------------|------------------|-----------------|------------------|------------------|------------------------|----------------|----------------|-----------|
| 4.8 | 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 memembers, 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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WFP
UNDP
UNFPA

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