Nepal Report NCPI

NCPI Header

COUNTRY

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Describe the process used for NCPI data gathering and validation:
Government and civil society representatives were invited to a workshop conducted on February 14th, 2011 for govt. officials and 15th for civil society representatives including INGOs, UN and bilateral agencies. The initial session of the workshop focused on previous year's UNGASS reporting, including indicators and reporting requirements and processes as well as the Global Reports. The subsequent sessions of the first day were allocated to NCPI data generation process. It was agreed to complete the NCPI through a participative, consensus based process wherein every question was answered after thorough and in-depth discussions and debates . Though a time taking, a a consensus answer was found for each and every question ultimately and the process proved to be a learning for participants.
Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:
To prepare the report, the team adopted a process of consensus, which was arrived after debate and discussion. Differences were resolved on the spot. In case of disagreements pertaining to factual information, the facilitators provided the related clarification or the Task Team elaborated it in the text box section. The same process was followed in the UNGASS 2010 report. Therefore most participants were fairly familiar with it.
Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):
The response to NCPI questions was largely dependent on overall national response and specific activities happening largely within the last year that engage government officials from non-health sectors and civil society representatives. The responses to the NCPI questions were affected by the fact that some government officials had recently been transferred into the concerned positions, and hence had limited knowledge and experience of the HIV national response. This factor though to a lesser extent, applied to NGOs sector also.

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
Teku Hospital	Dr. Mithila Sharma/ Director	Yes	Yes	Yes	Yes	Yes	Yes
National Centre for AIDS and STD Control	Dr. Bhesh Raj Pokharel/SMO	Yes	Yes	Yes	Yes	Yes	Yes
Npal Army	Dr. Kishore Rana/ Chief Coordinator	Yes	Yes	No	No	No	No
DPHO Kathmandu	Babar Gurung/PHO	Yes	Yes	No	No	No	No
Ministry of Tourism and Civil Aviation	Devi Pandey Khatri /Section Officer	Yes	Yes	Yes	No	No	No
Nepal Police Hospital	Ram Devi Gurung/ S.P (Deputy Matron)	Yes	Yes	Yes	Yes	Yes	Yes
Ministry of Home Affairs	Mukti Bhandari/ Section Officer	Yes	Yes	No	No	No	No
Ministry of Health and Population	Dr. T.R Burlakoti/ C.C.R	No	No	No	No	No	No
Ministry of Women Children and Social Welfare	Sushila Poudel/ Section Officer	Yes	Yes	No	No	No	No
National Health Research Council	Dr. C.L Bhusal/ Chair	No	No	No	No	No	No
National Human Right Commission	Bir Bahadur Buda Magar/ HRO	Yes	Yes	Yes	Yes	Yes	Yes

National Centre for AIDS and STD Control	Usha Bhatta/ PHO	Yes	Yes	Yes	Yes	Yes	Yes
National Centre for AIDS and STD Control	Krishna Prasad Nagila/PHI	Yes	Yes	Yes	Yes	Yes	Yes
DPHO Lalitpur	Bal Krishna Bhusal/ SPHA	No	Yes	Yes	No	No	No

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
Blue Diamond Society	Prakash Niraula /National Programme Coordinator	No	No	No	Yes	Yes
FHI360	Madhav Chaulagain /Senior SI Officer	No	No	No	Yes	Yes
Blue Diamond Society	Pinky Gurung /President	No	No	No	Yes	Yes
Blue Diamond Society	Suman Nepal /M&E Officer	Yes	Yes	Yes	No	No
JMMS	Chiranjivi Amgai /Programme Officer	Yes	Yes	Yes	No	No
UNDP HIVAIDS PMU	Anju Pun / Liason & M&E Officer	No	No	No	Yes	Yes
Richmond Fellowship Nepal	Puja Niraula / Programme Manager	Yes	Yes	Yes	No	No
Save The Children	Bishnu Prasad Shrestha / M&E Coordinator	No	No	No	Yes	Yes
Nepal Redcross Society	Bal Krishna Subedi /Senior Officer	Yes	Yes	Yes	No	No
UNDP HIVAIDS PMU	Satya Kala Tamata /M&E Associate	No	No	No	Yes	Yes
CORE	Salina Tamang /President	Yes	Yes	Yes	No	No
Save The Children	Lok Raj Bhatta / Senior Programme Coordinator	Yes	Yes	Yes	No	No
FHI360	Bhagawan Shrestha/Team Leader	No	No	No	Yes	Yes
FHI360	Dr. Neeta Shrestha/ Technical Unit Head	No	No	No	Yes	Yes
UNODC	Binija Goperma /NPO	Yes	Yes	Yes	No	No
Federation of Nepalese Chamber of Commerce	Nanda Kishore Shrestha /Executive Member	Yes	Yes	Yes	No	No
CWM	Roshan Sapkota / Country Rep.	Yes	Yes	Yes	No	No
GIZ	Ujjwal Karmacharya / Programme Officer	Yes	Yes	Yes	No	No
FAITH/NHRA	Miraz Roshan / Executive Director	Yes	Yes	Yes	No	No
Family Planning Association of Nepal	Sangita Khatri / HIV Focal Person	No	No	No	Yes	Yes
WHO	Dr. Atul Dahal / NPO	No	No	No	Yes	Yes
Blue Diamond Society	Parsu Ram Rai / Programme Officer	Yes	Yes	Yes	No	No
Jagriti Mahila Maha Sangh	Shruti Karki / Programme Manager	No	No	No	Yes	Yes
Recovering Nepal	Rajesh Agrawal / VC	Yes	Yes	Yes	No	No
Nepal HIVAIDS Alliance	Rishi Ojha /Director	Yes	Yes	Yes	No	No
Blue Diamond Society	Sunil Babu Pant / Director	No	No	No	No	No
Save The Children	Tara Chhetri /Chief of Party	No	No	No	No	No
USAID	Shanta Gurung /PO	No	No	No	No	No
UNWOMEN	Purna Shrestha /Programme Officer	No	No	No	No	No
NANGAN	J.C Bhatta /Chairperson	No	No	No	No	No
HSCB	Bishnu Sharma / Board Member	No	No	No	No	No

A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?
(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):
Yes

IF YES, what was the period covered:
2011-2016
IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.:
• Focused on TI, HSS, CSS • Focused on Integration HSS • Social protection • Human rights • CST continuum of care • Coordination and management framework, • Roles of different line agencies, CSOs, EDP, IPs, bilateral and multilateral organizations.

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:
Ministry of Health and Population

1.2. Which sectors are included in the multisectoral strategy with a specifc HIV budget for their activities?

SECTORS

Included in Strategy	Earmarked Budget
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes
Yes	Yes

Other [write in]:
Home Affairs: "Yes" in Strategy "Yes" in earmarked Tourism: "Yes" in Strategy "Yes" in earmarked
IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specifc activities?:
• New NSP is just being introduced. Agencies who have not ear marked budget are in process of doing so.

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

Men who have sex with men:
Yes
Migrants/mobile populations:
Yes
Orphans and other vulnerable children:
Yes
People with disabilities:
Yes
People who inject drugs:
Yes
Sex workers:
Yes
Transgendered people:
Yes
Women and girls:
Yes
Young women/young men:
Yes
Other specific vulnerable subpopulations:
Yes
Prisons:
Yes
Schools:
Yes
Workplace:
Yes
Addressing stigma and discrimination:
Yes
Gender empowerment and/or gender equality:
Yes
HIV and poverty:

Yes
Human rights protection:
Yes
Involvement of people living with HIV:
Yes

IF NO, explain how key populations were identifed?:
-
1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:
• MSM/MSW, • PWID, • FSW, • Male Migrants to high risk area in India, • Clients of sex workers in Nepal,
1.5. Does the multisectoral strategy include an operational plan?: No

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:
Yes
b) Clear targets or milestones?:
Yes
c) Detailed costs for each programmatic area?:
Yes
d) An indication of funding sources to support programme implementation?:
No
e) A monitoring and evaluation framework?:
Yes

1.7

1.7. Has the country ensured "full involvement and participation" of civil society in the development of the multisectoral strategy?:
Active involvement
IF ACTIVE INVOLVEMENT, briefly explain how this was organised:
Consultations • Civil society was part of the national strategy development board, steering committee and the writing team. It also participated actively in various consultations related to key populations at higher risk, and programmatic components.

1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:
Yes

1.9

1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:
Yes, all partners

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:
Yes

2.1. IF YES, is support for HIV integrated in the following specifc development plans?

Common Country Assessment/UN Development Assistance Framework:
Yes
National Development Plan:
Yes
Poverty Reduction Strategy:
Yes
Sector-wide approach:
Yes
Other [write in]:
Local Governance and Community Development Programme (LGCDP), Poverty Alleviation Fund (PAF), Education for All (EFA), Joint United Nations Programme on HIV/AIDS(Programme of Support UNAIDS)

2.2. IF YES, are the following specifc HIV-related areas included in one or more of the development plans?

HIV impact alleviation:
Yes
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:
Yes
Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:

Yes
Reduction of stigma and discrimination:
Yes
Treatment, care, and support (including social security or other schemes):
Yes
Women's economic empowerment (e.g. access to credit, access to land, training):
Yes
Other[write in below]:
-

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:
No
4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:
Yes
5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:
Yes
5.1. Have the national strategy and national HIV budget been revised accordingly?:
Yes
5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:
Estimates of Current and Future Needs
5.3. Is HIV programme coverage being monitored?:
Yes

5.3

(a) IF YES, is coverage monitored by sex (male, female)?:
Yes
(b) IF YES, is coverage monitored by population groups?:
Yes
IF YES, for which population groups?:
FSW/MSW and their clients, IDUs, MSM, migrants, spouses of migrants, and general population.
Briefly explain how this information is used:
Information is used for the following: • Monitoring progress against key prevention, treatment, care and support activities • Scaling up of effective interventions, target setting, procurement of HIV commodities; future programme planning and policy reform • Prioritizing surveillance and research needs • Accomplishing national and global reporting requirements, including donor reporting • Generating awareness and communication message for a wider range of stakeholders
(c) Is coverage monitored by geographical area:
Yes
IF YES, at which geographical levels (provincial, district, other)?:
• Monitoring by intervention coverage is being done at district and development region levels.
Briefly explain how this information is used:
This information is used mainly for the following: • Planning and resource mobilization (i.e. while preparing proposals, for example GFATM) • Developing priorities on supportive monitoring and quantification of commodities required • Reviewing national and sub-national level programmes

5.4. Has the country developed a plan to strengthen health systems?:
Yes
Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:
• HIV related services have been included in essential health service packages.
6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:
6
Since 2009, what have been key achievements in this area:
• The new strategy lays greater focus on targeted interventions, health systems strengthening and community systems strengthening. It also includes a more elaborate framework for coordination and management, including the presence of defined roles of different line agencies, CSOs, EDP, IPs, bilateral and multilateral organizations • District AIDS Coordination Committee (DACC) guidelines have been produced and implemented.
What challenges remain in this area:
• Coordination/linkages • Sectoral resource allocation • Delays in donors' disbursement of committed fund. • Inadequate donor commitment.

A - II. POLITICAL SUPPORT AND LEADERSHIP

1. Do the following high offcials speak publicly and favourably about HIV efforts in major domestic forums at least twice a

year

A. Government ministers:
Yes
B. Other high offcials at sub-national level:
Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):
Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:
• UN Assembly • WHO Geneva Conference (World Health Assembly) • World AIDS Day (WAD), Condom Day • Global Fund Board Meeting

2. Does the country have an offcially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:
Yes

2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:
Yes
Have active government leadership and participation?:
No
Have an official chair person?:
Yes
IF YES, what is his/her name and position title?:
NAC Chair: Dr. Babu Ram Bhattarai, Prime Minister, Government of Nepal & HSCB Chair: Mr. Rajendra Mahato, Minister, Ministry of Health and Population
Have a defined membership?:
Yes
IF YES, how many members?:
NAC: 56 Members & HSCB: 22 Members
Include civil society representatives?:
Yes
IF YES, how many?:
NAC: 17 Members & HSCB: 7 Members
Include people living with HIV?:
Yes
IF YES, how many?:
NAC: 2 Members & HSCB: 1 Members
Include the private sector?:
Yes
Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:
No

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:
Yes
IF YES, briefly describe the main achievements:
• Grant implementation of GF programmes • Routine monitoring of implementation efforts by DACC.
What challenges remain in this area:
• Existing coordination structures are not fully functional yet. • Close engagement of multisectoral bodies in the implementation of planned activities is limited.
4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:
88%

5.

Capacity-building:
No
Coordination with other implementing partners:
No
Information on priority needs:
No

Procurement and distribution of medications or other supplies:
No
Technical guidance:
No
Other [write in below]:
-

6. Has the country reviewed national policies and laws to determine which, if any, are inconsistent with the National HIV Control policies?:
No
6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:
-
7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:
3
Since 2009, what have been key achievements in this area:
-
What challenges remain in this area:
• Political commitment has not translated into action.

A - III. HUMAN RIGHTS

1.1

People living with HIV:
Yes
Men who have sex with men:
Yes
Migrants/mobile populations:
No
Orphans and other vulnerable children:
No
People with disabilities:
Yes
People who inject drugs:
No
Prison inmates:
No
Sex workers:
No
Transgendered people:
Yes
Women and girls:
Yes
Young women/young men:
No
Other specific vulnerable subpopulations [write in]:
-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes
IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:
• Interim Constitution of Government of Nepal–2063, Article 12, Right to Equality • Muluki Ain in 11th amendment
Briefly explain what mechanisms are in place to ensure these laws are implemented:
• National Human Rights Commission • National Women Commission • National Dalit Commission • District Administration Office • District Police Office • Area Police Office • Ward Police Office in Metropolitan and Sub-Metropolitan cities
Briefly comment on the degree to which they are currently implemented:
• Mostly implemented
2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:
-

IF YES, for which subpopulations?

People living with HIV:
No
Men who have sex with men:
No

Migrants/mobile populations:
No
Orphans and other vulnerable children:
No
People with disabilities:
No
People who inject drugs :
Yes
Prison inmates:
Yes
Sex workers:
Yes
Transgendered people:
No
Women and girls:
No
Young women/young men:
No
Other specific vulnerable subpopulations [write in below]:
-

Briefly describe the content of these laws, regulations or policies:
• The Narcotic Drug Control Act, Drug Control Policy, Harm Reduction Programme(PWIDs) are contradictory. • Law is silent on the legal status of sex work in Nepal, thus leading to ambiguity. In this situation, the approach of enforcement agencies in interpreting and reacting to sexual services is creating obstacles in effectively implementing programmes among sex workers.
Briefly comment on how they pose barriers:
Obstacles are experienced in the following cases: • In implementation of targeted interventions pertaining to provisioning of needle syringe with narcotic drugs and OST, especially in the interventions managed by NGOs. • In distributing condoms and carrying them on person

A - IV. PREVENTION

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?:
Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:
Yes
Avoid commercial sex:
Yes
Avoid inter-generational sex:
Yes
Be faithful:
Yes
Be sexually abstinent:
Yes
Delay sexual debut:
Yes
Engage in safe(r) sex:
Yes
Fight against violence against women:
Yes
Greater acceptance and involvement of people living with HIV:
Yes
Greater involvement of men in reproductive health programmes:
Yes
Know your HIV status:
Yes
Males to get circumcised under medical supervision:
No
Prevent mother-to-child transmission of HIV:
Yes
Promote greater equality between men and women:
Yes
Reduce the number of sexual partners:
Yes

Use clean needles and syringes:
Yes
Use condoms consistently:
-
Other [write in below]:
-

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?:
Yes
2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:
Yes

2.1. Is HIV education part of the curriculum in

Primary schools?:
-
Secondary schools?:
Yes
Teacher training?:
Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:
Yes
2.3. Does the country have an HIV education strategy for out-of-school young people?:
Yes
3. Does the country have a policy or strategy to promote information, education and communication and other preventive health interventions for key or other vulnerable sub-populations?:
Yes
Briefly describe the content of this policy or strategy:
• The strategy uses behavioral change communication interventions, which are specific to the key population at higher risk.

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

IDU	MSM	Sex workers	Customers of Sex Workers	Prison inmates	Other populations
Yes	Yes	Yes	Yes	Yes	Migrants
Yes	No	No	No	No	-
Yes	Yes	Yes	Yes	Yes	Migrants
Yes	No	No	No	No	-
Yes	Yes	Yes	Yes	Yes	Migrants
Yes	Yes	Yes	Yes	Yes	Migrants
Yes	Yes	Yes	Yes	Yes	Migrants
Yes	Yes	Yes	Yes	Yes	Migrants

3.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate policy efforts in support of HIV prevention in 2011?:
9
Since 2009, what have been key achievements in this area:
• More than 95% of PWID have been provided with safer injections (2011 KTM) • 76% of the FSWs report consistent condom use • HIV testing facilities have increased as well as the percentage of population getting tested. The number of cases testing positive (yield) is low • Focused prevention interventions are being intensified through the new strategy • Through PMTCT, new HIV infection in children is aimed to be reduced by 90% by 2016 (NSP 2011-16) • Incidence of congenital syphilis has reduced • The OST programme, revived in 2007, will be scaled up from 3 to 9 sites by 2013 • Budget for prevention programme has almost doubled compared to 2009
What challenges remain in this area:
• New entrants among FSWs and PWIDs are increasing • Overlaps exist in risk behaviors • Female drug users are not reached adequately • Migrants' programme coverage is very low (programme is currently only focusing on the Far West development region) • STI epidemic is in a shadow • Sentinel surveillance is not in place • Evaluation of clinical effectiveness of the prevention programme is yet to be done • VCT coverage and yield, urban centric and relocation.
4. Has the country identified specifc needs for HIV prevention programmes?:
Yes
IF YES, how were these specific needs determined?:
Through: • Review of routine programme data • Programme evaluation • Other specific reviews • Surveys • Proxy indication from other data.

4.1. To what extent has HIV prevention been implemented?

Blood safety:
Agree
Condom promotion:
Agree
Harm reduction for people who inject drugs:
Strongly Agree
HIV prevention for out-of-school young people:
Disagree
HIV prevention in the workplace:
Disagree
HIV testing and counseling:
Agree
IEC on risk reduction:
Agree
IEC on stigma and discrimination reduction:
Agree
Prevention of mother-to-child transmission of HIV:
Disagree
Prevention for people living with HIV:
Agree
Reproductive health services including sexually transmitted infections prevention and treatment:
Agree
Risk reduction for intimate partners of key populations:
Agree
Risk reduction for men who have sex with men:
Agree
Risk reduction for sex workers:
Strongly Agree
School-based HIV education for young people:
Disagree
Universal precautions in health care settings:
Agree
Other[write in]:
-

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:
7

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:
Yes
If YES, Briefly identify the elements and what has been prioritized:
• Common OI management • ART including OI • Co-infection management • Clinical monitoring including adverse drug reactions • Care and support(CHBC,CCC,SSU)
Briefly identify how HIV treatment, care and support services are being scaled-up?:
• Service sites are being expanded • Service components are being enriched • Existing services are also being scaled up on need basis

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:
Agree
ART for TB patients:
Disagree
Cotrimoxazole prophylaxis in people living with HIV:
Agree
Early infant diagnosis:
Disagree
HIV care and support in the workplace (including alternative working arrangements):
Strongly Disagree
HIV testing and counselling for people with TB:
Agree
HIV treatment services in the workplace or treatment referral systems through the workplace:
Strongly Disagree

Nutritional care:
Agree
Paediatric AIDS treatment:
Agree
Post-delivery ART provision to women:
Strongly Agree
Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):
Strongly Disagree
Post-exposure prophylaxis for occupational exposures to HIV:
Agree
Psychosocial support for people living with HIV and their families:
Agree
Sexually transmitted infection management:
Agree
TB infection control in HIV treatment and care facilities:
Disagree
TB preventive therapy for people living with HIV:
Strongly Disagree
TB screening for people living with HIV:
Agree
Treatment of common HIV-related infections:
Agree
Other [write in]:
-

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:
Yes
Please clarify which social and economic support is provided:
• The following is being provided as social support: o CHBC o CCC • Economic support is being provided through provisioning: o Income generation activities o Cost for laboratory support o Transportation cost for CD4 test
3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?:
Yes
4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitution medications?:
No
5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:
7
Since 2009, what have been key achievements in this area:
• Enrollment in programmes has increased • Services have been scaled up • CCC guideline has been updated and SOP developed • Clinical monitoring has initiated • DR surveillance is included now in NSP • Critical enablers are ensured (CHBC, SSU, CCC) • There are zero stock outs of essential ARVs
What challenges remain in this area:
• Coverage and patient management need to be improved • ADR, DR, EWI are yet to be started • Capacities of clinical team need to be built • Currently the funding is entirely by external sources • Clinical human resources are scarce • Monitoring and evaluation needs to be strengthened
6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:
Yes
IF YES, is there an operational definition for orphans and vulnerable children in the country?:
Yes
IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:
No
IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:
-
IF YES, what percentage of orphans and vulnerable children is being reached? :
-
7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:
4
Since 2009, what have been key achievements in this area:
• Cash transfer has been planned and resource allocated for 2,200 CABA • Preliminary estimation of CABA size has been completed

What challenges remain in this area:
• Improvement are needed in the methodology for deriving better estimates • CABA specific programming is not in place • Coverage is a serious issue • Implementation needs to be arranged in order to address CABA issue

A - VI. MONITORING AND EVALUATION

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?:
In Progress
Briefly describe any challenges in development or implementation:
• Delays in fund disbursement of Global Fund • Inadequate human resources to implement the National M&E. • Currently, the M&E systems are vertically structured and donor driven • The 12 components of functional M&E are not given equal importance and treatment • Sub-national M&E is weak • Sentinel surveillance is not in place. • There is no HSS present currently
Briefly describe what the issues are:
-

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:
Yes
Behavioural surveys:
Yes
Evaluation / research studies:
Yes
HIV Drug resistance surveillance:
Yes
HIV surveillance:
Yes
Routine programme monitoring:
Yes
A data analysis strategy:
Yes
A data dissemination and use strategy:
Yes
A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):
Yes
Guidelines on tools for data collection:
Yes

3. Is there a budget for implementation of the M&E plan?:
Yes
3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities? :
5%
4. Is there a functional national M&E Unit?:
Yes
Briefly describe any obstacles:
• Human resources are inadequate • M&E infrastructure is extremely poor • There is no capacity building plan for M&E.

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:
Yes
In the National HIV Commission (or equivalent)?:
-
Elsewhere [write in]?:
-

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
Senior Public Health Officer, SI Unit Focal Person	Yes	-	2006

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
M&E Officer (Health Sector)	Yes	-	2006
M&E Officer (MARP)	Yes	-	Vacant

2. Surveillance Officer (1)	Yes	-	April 2009
Data Analyst (1)	Yes	-	April 2009
M&E Associate (1)	Yes	-	July 2009
Surveillance Associate (1)	Yes	-	Vacant
M&E Assistant (2)	Yes	-	Vacant
Database and IT Associate (1)	Yes	-	July 2009

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:
Yes
Briefly describe the data-sharing mechanisms:
• Factsheets • Web updates • Review meetings • Dissemination events
What are the major challenges in this area:
• Data management • Lack of centrally managed national database • High staff turnover • Timely reporting • Quality of data • Feedback mechanism
5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?:
Yes
6. Is there a central national database with HIV- related data?:
No
6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:
-

6.2. Is there a functional Health Information System?

At national level:
Yes
At subnational level:
Yes
IF YES, at what level(s)?:
-

7. Does the country publish an M&E report on HIV , including HIV surveillance data at least once a year?:
Yes

8. How are M&E data used?

For programme improvement?:
Yes
In developing / revising the national HIV response?:
Yes
For resource allocation?:
Yes
Other [write in]:
M&E data are used for the following: • Target setting • Estimation and projection • Advocacy • Reporting on national and international commitments • Production of reports The main challenges faced are: • Quality and representation/coverage.

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:
Use • Target setting. • Estimation and projection • Advocacy • Reporting to national and international commitments. • Production of reports. Main Challenges • Quality and representation/coverage

9. In the last year, was training in M&E conducted

At national level?:
No
At subnational level?:
No
At service delivery level including civil society?:
No

9.1. Were other M&E capacity-building activities conducted` other than training?:
Yes
IF YES, describe what types of activities:
• A two-day, national level capacity building programme on HIV estimation and projection was conducted for CSOs and other stakeholders • A two-day capacity building programme, on IBBS among research organizations was conducted with support from USAID
10. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the HIV-related

monitoring and evaluation (M&E) in 2011?:
4
Since 2009, what have been key achievements in this area:
• Five IBBS surveys have been conducted among IDUs(2), FSW(2), Migrants(1) • Mapping and size estimation of MARPs was done • CABA site estimates have been developed • Infection Estimation done for three successive years i.e., 2009, 2010, 2011 • Six modular courses on M&E have been developed • More than 300 health care providers have been trained on M&E • Two national level consultations were held on HIV surveillance • National HIV Research agenda consultation were held • Following M&E products have been developed: epi factsheets, annual report, web updates • Other national M&E tool kits have been developed and updated. Data verification , use protocol, and DQA has been piloted • Reports on global commitments reports were submitted as required
What challenges remain in this area:
• Data management • Centrally managed national database is not in place • High staff turnover • Lack of timely reporting • Quality of data needs improvement • Feedback mechanisms • Need for timely implementation of surveys as per the national SI plan

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?:
2
Comments and examples:
Civil society has been involved in development of various national policies, e.g. development of Global Fund Proposal Round-10, National AIDS Policy 2067 (BS), National Strategic Plan (2011-2016), and National Youth Strategy (2067-2068). The contribution and commitment of civil society is very high, however there is a lack of proper coordination and strategy to involve it. The most successful involvement so far has only been the development of Global Fund Round-10 proposal. There is a substantial presence and visibility of civil society in most national forums; however, its voice is very poorly reflected in the outcomes.
2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:
3
Comments and examples:
Although efforts have been made to involve civil society representatives in the planning and budgeting process for NSP, the degree of their involvement needs to be increased, not only in the planning of NSP but also in its operationalizing and reviewing.

3.

a. The national HIV strategy?:
4
b. The national HIV budget?:
3
c. The national HIV reports?:
4
Comments and examples:
• Civil society services have been included in the NSP and given priority. • Their services have also been reflected in the budget, which is covered mostly by donor funding and managed by government. However, the budget funded by the government provides poor coverage for the civil society services. • The National M&E is based on these services.

4.

a. Developing the national M&E plan?:
1
b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?:
1
c. Participate in using data for decision-making?:
3
Comments and examples:
Since M&E is a technical function, only technically expert individuals are involved in it. Hence, civil society's involvement is to the extent of their technical knowledge on M&E. Civil society is involved in decision making, and an example of this is their involvement in the CCM. However, it is only restricted to the Global Fund, and hence there is scope for further improvement.

5. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:
4

Comments and examples:
The diversity of civil society representation is good but has left out a few groups like migrants, faith based organizations etc. Efforts are being made constantly to make their representation more inclusive.

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access

a. Adequate financial support to implement its HIV activities?:
4
b. Adequate technical support to implement its HIV activities?:
2
Comments and examples:
The financial support is present but in terms of technical support, there is a lack of coordination within and between the concerned ministries, resulting in a lack of guidance to the civil society.

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

People living with HIV:
51-75%
Men who have sex with men:
51-75%
People who inject drugs:
51-75%
Sex workers:
51-75%
Transgendered people:
51-75%
Testing and Counselling:
25-50%
Reduction of Stigma and Discrimination:
51-75%
Clinical services (ART/OI)*:
<25%
Home-based care:
51-75%
Programmes for OVC:**
51-75%

8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2011?:
6
Since 2009, what have been key achievements in this area:
• Increase in the involvement of CSOs in implementation • Satisfactory involvement in planning and decision making • Representation in several national level committees (NAC, HSCB etc)
What challenges remain in this area:
• Most structures at national level are not fully functional and are donor driven • The national agency responsible for HIV response is overwhelmed and is unable to involve civil society effectively

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:
Yes
IF YES, describe some examples of when and how this has happened:
Civil society has been involved in many national bodies and fora, including National AIDS Coordinating Committee (NACC), CCM, and HSCB. Also, their involvement in programme implementation is more than 50% , but it still needs improvement on being fully accommodating and providing greater flexibility in decision making.

B - III. HUMAN RIGHTS

1.1.

People living with HIV:
No
Men who have sex with men:
No
Migrants/mobile populations:
No
Orphans and other vulnerable children:

No
People with disabilities:
No
People who inject drugs:
No
Prison inmates:
No
Sex workers:
No
Transgendered people:
No
Women and girls:
No
Young women/young men:
No
Other specific vulnerable subpopulations [write in]:
They are mentioned generally in the law but there are no specific laws or policies for protection of any of these groups.

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:
Yes
If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:
• Interim constitution of Nepal-2063
Briefly explain what mechanisms are in place to ensure that these laws are implemented:
• Social committee under Constitutional Assembly • National Human Rights Commission • National Women Commission • National Dalit Commission • District Administration Office • District Police Office • Area Police Office • Ward Police Office in Metropolitan and Sub-Metropolitan cities
Briefly comment on the degree to which they are currently implemented:
• Mostly implemented
2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:
Yes

2.1. IF YES, for which sub-populations?

People living with HIV:
No
Men who have sex with men:
No
Migrants/mobile populations:
No
Orphans and other vulnerable children:
No
People with disabilities:
No
People who inject drugs:
Yes
Prison inmates:
Yes
Sex workers:
Yes
Transgendered people:
No
Women and girls:
No
Young women/young men:
No
Other specific vulnerable subpopulations [write in]:
Female and Male sex workers

Briefly describe the content of these laws, regulations or policies:
• Narcotic Control Drug Act (NCDA) • Public Offense Act • Prison Management Act
Briefly comment on how they pose barriers:
NCDA- restricts the exchange of needles and syringes, and OST when taken as a control substance and not medically. POA- treats sex in exchange of money and goods as illegal. PMA- restricts HIV prevention programmes like OST, VCT, and at times becomes a barrier to ART access.
3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:
Yes

Briefly describe the content of the policy, law or regulation and the populations included:
- Anti human trafficking law - Domestic violence act - Child labour act - Marriage act (Restricts polygamy and child marriage)

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?:
Yes

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:
Protection of human rights is one of the guiding principles of National HIV/AIDS strategy and an important element of National HIV & STI Policy 2011

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:
No

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
Yes	-	-
Yes	-	-
Yes	-	-

If applicable, which populations have been identified as priority, and for which services?:
-

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:
Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:
Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:
Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:
Equal access to key populations is ensured in the policy, but the implementation is weak.

8.1

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?:
Yes

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:
Different service packages are defined as per the needs of specific populations.

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?:
No

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:
Yes

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:
No

IF YES on any of the above questions, describe some examples:
• National Human Rights Commission has cells for gender and HIV monitoring. But HIV cell is inactive.

11. In the last 2 years, have there been the following training and/or capacity-building activities

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:
Yes

b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:
Yes

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework:

No
b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:
Yes

13. Are there programmes in place to reduce HIV-related stigma and discrimination?:
Yes

IF YES, what types of programmes?

Programmes for health care workers:
Yes
Programmes for the media:
Yes
Programmes in the work place:
No
Other [write in]:
-

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:
3
Since 2009, what have been key achievements in this area:
• Through advocacy efforts, the needed commitments and voices have been made to protect human rights • A record system has been developed to document cases of human rights violations, • Civil society has increased its direct involvement in initiating and engaging in dialogue with the law enforcement authorities (e.g., security forces) regarding non-judicial arrests and other human rights violations.
What challenges remain in this area:
• Despite progress, numerous cases of violation and abuse are still overlooked • CSOs are limited by lack of adequate resources and capacity • Dissemination of information about laws and policies is limited to the central levels and knowledge of such laws and their application is still limited at the peripheral levels • The HIV bill which was initiated in the year 2007 is still pending
15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:
4
Since 2009, what have been key achievements in this area:
• Has maintained positive implication on human rights issues in response to other countries. • In case of drugs, the amendments to policies and acts/ laws have made them friendly and favourable
What challenges remain in this area:
• Human rights organizations do not focus on HIV related issues adequately • There is a lack of in-depth knowledge on human rights in the general population. • NAC and other similar bodies (i.e., HSCB) have remained inactive, not responding on human rights violations and not initiating action to expedite the HIV bill

B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?:
Yes
IF YES, how were these specific needs determined?:
The following strategies and approaches were adopted to determine the specific needs for HIV prevention programs: • Adoption of an evidence-based approach to implement the prevention program . For example, data from IBBS is used to determine the specific needs, which are being focused on in the prevention program. • Nepal has a concentrated epidemic. Hence, the needs of the MARP group have s been focused on in the prevention program. Resource availability is also a major reason for focusing on the risk group • In some cases, selection of activities was done based on the priorities of donor organizations • The strategic plan, action plan, and targeted intervention guidelines have outlined specific needs which have been referred to • Prevention guideline hasn't included other groups like MARA. • No guideline on positive prevention

1.1 To what extent has HIV prevention been implemented?

Blood safety:
Agree
Condom promotion:
Agree
Harm reduction for people who inject drugs:
Disagree
HIV prevention for out-of-school young people:
Disagree
HIV prevention in the workplace:
Strongly Disagree
HIV testing and counseling:

Agree
IEC on risk reduction:
Agree
IEC on stigma and discrimination reduction:
Agree
Prevention of mother-to-child transmission of HIV:
Agree
Prevention for people living with HIV:
Agree
Reproductive health services including sexually transmitted infections prevention and treatment:
Agree
Risk reduction for intimate partners of key populations:
Disagree
Risk reduction for men who have sex with men:
Agree
Risk reduction for sex workers:
Agree
School-based HIV education for young people:
Agree
Universal precautions in health care settings:
Agree
Other [write in]:
-

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:
7
Since 2009, what have been key achievements in this area:
• At the policy level, the National Strategic Plan- 2011 to 2016 has been developed • Services coverage was expanded, including those of ART, VCT and PMTCT, CHBC sites • Impact of programme implementation is visible from the decreased HIV prevalence in key populations
What challenges remain in this area:
• The blood safety program has not been given adequate importance and financial support Due to which PLHIV are unable to access the services. It is not included as a component in any of the programs till now. • Condom promotion needs improvements and has to reflect the populations' needs. Condoms for anal use by MSM and TG and lubricants are not available. Condom plus lubricant not adequate. • Organizations working on school based programs are limited • Workplace-based prevention programmes have been planned for in the strategy, but have not been implemented • Implementation of the intervention package is incomplete, with nine areas not covered yet. Also, the program has minimal coverage of female IDUs • Risk reduction programmes as well as concerted IEC for transgenders and MSWs is lacking. • Gaps exist between prevention and service coverages • Condom use among regular and non-paying partners is not adequate • PMTCT: adherence and follow-up need to be improved

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:
Yes
IF YES, Briefly identify the elements and what has been prioritized:
• Anti-retroviral therapy • OI prophylaxis including cotrimoxazole prophylaxis, • TB screening and treatment • Nutritional support to PLHIV • Community care services through care centers and CHBC services • Isoniazid prophylaxis
Briefly identify how HIV treatment, care and support services are being scaled-up?:
• Expansion of ART services: With Round 7 funding, sub-center initiated and ART sites increased up to 36 including 10 Sub-ART sites. • Initiation and standardization of Community Care Centers (CCC): CCC SOP was made and the CCC was standardized. • Expansion of Community and Home Based Care (CHBC) services: Expanding CHBC sites were expanded.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:
Agree
ART for TB patients:
Agree
Cotrimoxazole prophylaxis in people living with HIV:
Strongly Agree
Early infant diagnosis:
Disagree
HIV care and support in the workplace (including alternative working arrangements):
Strongly Disagree
HIV testing and counselling for people with TB:

Disagree
HIV treatment services in the workplace or treatment referral systems through the workplace:
Strongly Disagree
Nutritional care:
Disagree
Paediatric AIDS treatment:
Agree
Post-delivery ART provision to women:
Disagree
Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):
Disagree
Post-exposure prophylaxis for occupational exposures to HIV:
Agree
Psychosocial support for people living with HIV and their families:
Agree
Sexually transmitted infection management:
Agree
TB infection control in HIV treatment and care facilities:
Disagree
TB preventive therapy for people living with HIV:
Strongly Disagree
TB screening for people living with HIV:
Agree
Treatment of common HIV-related infections:
Agree
Other [write in]:
CD4---------->Disagree Viral Load---------->Disagree

1.2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:
6
Since 2009, what have been key achievements in this area:
• Scaling up of ART and CHBC • Development of protocols, implementation guidelines and training curriculum for TB/HIV • Integration of PMTCT, ART and pediatric care
What challenges remain in this area:
• Though all the eligible PLHIV among those identified are enrolled into ART, but only 27% of the estimated number of eligible PLHIV(25000) have been identified and only 18000 has been diagnosed as HIV+. It is still a challenge to identify new cases • Supply of CD4 Test kits and reagents needs to be strengthened • Though a stock out hasn't occurred, stock levels of ARVs at sites are low • Prophylaxis of STI and other OI • It is challenging to ensure adherence of those on ART and trace those lost to follow-up • System capacity needs to be built for expansion of early infant diagnosis in Nepal • An external system for quality assurance HIV testing needs to be set up • Implementation of early warning indicators and drug resistance testing needs strengthening • TB infection control is implemented only in a few sites
2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:
Yes
2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:
Yes
2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:
No
2.3. IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:
No
2.4. IF YES, what percentage of orphans and vulnerable children is being reached? :
-
3. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?":
6
Since 2009, what have been key achievements in this area:
• Scaling up of ART and CHBC • Development of protocols, implementation guidelines, and training curriculum for TB/HIV • Integration of PMTCT, ART and pediatric care
What challenges remain in this area:
1. Though all the eligible PLHIV among those identified are enrolled into ART, but only 27% of the estimated number of eligible PLHIV(25000) have been identified and only 18000 has been diagnosed as HIV+. It is still a challenge to identify new cases 2. Supply of CD4 Test kits and reagents needs to be strengthened 3. Though a stock out hasn't occurred, stock levels of ARVs at sites are low 4. Prophylaxis of STI and other OI 5. It is challenging to ensure adherence of those on ART and trace those lost to follow-up 6. System capacity needs to be built for expansion of early infant diagnosis in Nepal 7. An external system for quality assurance HIV testing needs to be set up 8. Implementation of early warning indicators and drug resistance testing needs

strengthening 9 TB infection control is implemented only in a few sites