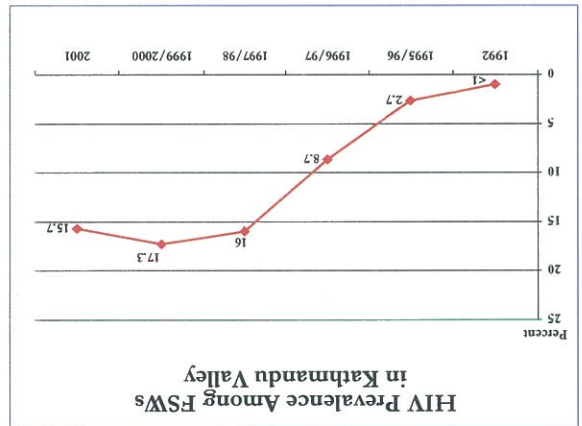
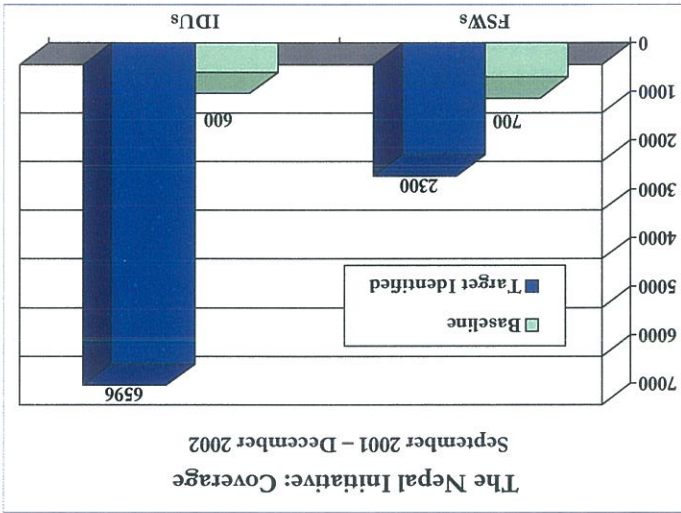


THE NEPAL INITIATIVE FINAL REPORT

September 2001 – December 2002

PROGRAM COVERAGE



SUBMITTED TO
UNDP
NEP/00/013.4

SUBMITTED BY
Family Health International (FHI/Nepal)
Executing Agency

Assistance for an Expanded Rights-Based Response
to the Concentrated HIV/AIDS Epidemic in Nepal

THIS NEPAL INITIATIVE (NI) FINAL REPORT IS A
CONTRACTUAL DELIVERABLE TO UNDP NEP/00/013.4
FOR THE CONTRACT PERIOD
SEPTEMBER 2001 TO DECEMBER 2002

THE DOCUMENTATION OF THE COMPLETE NI PROJECT
PERIOD COVERING JUNE 2001 TO DECEMBER 2002,
IS DETAILED IN THE
"NI PROCESS DOCUMENTATION"
ATTACHED AS AN ANNEX AND
ALSO AS A STAND ALONE DOCUMENT

I. A. Introduction

i. Country Background:

His Majesty's Government of Nepal (HMG/Nepal) launched the first National AIDS Prevention and Control Program in 1988. The program, known as the Short-Term Plan for AIDS Prevention and Control, formed the basis for the First Medium Term Plan 1990-92. In December 1992, on the basis of recommendations made by an external review, the Second Medium Term Plan for AIDS Prevention and Control (1993-1997) was formulated. A year later in 1993, HMG/Nepal appointed different focal points in different ministries for a multi-sectoral involvement for AIDS and STI (Sexually Transmitted Infections) control. However, multi-sectoral coordination and cooperation was not realized.

In 1995, HMG/Nepal adopted a National Policy for AIDS Prevention and the National Center for AIDS and STD Control (NCASC), was formed within the Department of Health (DoH) for the implementation of the HIV/AIDS Prevention Program. Policy guidance for NCASC came from the National AIDS Coordination Committee (NACC).

Based on the National Policy for AIDS Prevention, a Strategic Plan for HIV and AIDS in Nepal (1997-2001) was developed and adopted to operationalize the National Policy and define key activities for each policy objective. However, only a few of the activities aimed at the prevention of the epidemic were actually implemented, although the policy did seek to integrate HIV/AIDS related issues and concerns with other sectors beyond that of health, such as mobility of populations, urbanization, poverty and the open border between Nepal and India.

Recent data indicate that Nepal has progressed from being a low prevalence, low risk country to one with a concentrated epidemic. Nepal has the conditions conducive to the rapid and widespread transmission of HIV/AIDS from high-risk subpopulations to the general public. It is increasingly clear that future HIV/AIDS prevention strategies need to incorporate priorities and key-strategies, while targeting the most vulnerable groups in order to prevent a generalization of the epidemic.

HMG/Nepal along with a number of donors, multilateral, bilateral and international NGOs together have had to face challenges at effectively preventing the spread of the epidemic in Nepal against the background of limited resources. Between 1990-99, the UN System, including WHO, UNICEF, UNFPA, UNDP, USAID and the European Commission showed their support to Nepal's national responses by providing approximately US\$ five million for activities focused on capacity building, integration of HIV/AIDS into reproductive health services, support for a decentralized response at district and village levels, and IEC.

HIV/AIDS in Nepal (2001/2002)

- HIV prevalence among IDUs in the Kathmandu Valley: male (n=303) — 68%; female (n=57) — 16%
- HIV prevalence among FSWs in the Kathmandu Valley: street based FSWs (n=300) — 15.7% establishment based FSWs (n=200) — 2.5%

Similarly, FHI (Family Health International), Save the Children/US, Save the Children/UK, CEDPA, UMN, The Asia Foundation and Redd Barna have contributed directly to HIV prevention in Nepal as well as supporting the activities of local NGOs. The UN Theme group on HIV/AIDS in Nepal committed itself in 1999 to develop an integrated workplan by the end of 2000, to support national coordination efforts and to facilitate the establishment of partnerships among multilateral and bilateral NGOs and local partners.

In 2001, a consortium of international donors (DFID, USAID, AusAid, UNAIDS and UNDP) with FHI as the Executing Agency, in collaboration with the NCASC as the National Program Director (NPD), joined forces through the Nepal Initiative (NI). The NI Project was designed to support HMG/N in addressing the needs of specific high-risk groups in a phased approach through risk and harm reduction programs that focus on behavior change communication (BCC), STI treatment, social marketing of condoms, minimum package for harm reduction, substitution therapy and voluntary counseling and testing (VCT).

ii. Description of Subject:

The Project Cooperation Agreement for the "*Assistance for an Expanded Rights-Based Response to the Concentrated HIV/AIDS Epidemic in Nepal*" was officially signed between UNDP and FHI on June 12, 2001 through August 31, 2002 and later extended through December 31, 2002. However, the project became functional only after the first Steering Committee Meeting on June 31, 2001, approved the 3-month and 12-month workplans and gave authority to the Technical Working Group - TWG (DG/DOH, UNAIDS, UNDP, NCASC and FHI) to develop relevant Terms of Reference (TOR) to facilitate and secure smooth implementation of the NI Project. Since the final approval by the NPD/NCASC was received in late September and funds were finally released from UNDP to FHI Headquarters on September 18, 2001, the NI Project became operational from October 1, 2001. In the meantime, FHI senior management staff, the Country Director and the Associate Directors of Program and Technical Unit and the Finance and Administration Units provided management support and technical assistance for the execution of the NI Project with financial support from USAID.

The NI Project was expected to bridge the time needed to develop a broader, expanded response to address the urgent risk and harm reduction needs of female sex workers (FSWs), clients of FSWs and injecting drug users (IDUs) in the Kathmandu Valley and other targeted areas by supporting advocacy, research and design, while at the same time increasing coverage of services.

The key components of the NI Project as mentioned in the Project Document were:

- Advocacy
- Research
- Services for IDUs and FSWs
- Capacity building
- Design of scaled-up interventions
- Monitoring and evaluation

The NI Project was co-financed through signed cost-sharing agreements with different development partners (UNDP, UNAIDS, DFID) with parallel funding from AusAid and USAID. AusAid contributed in the first phase of the project with a situation assessment mission in January 2001, and support in-kind to the design activities foreseen in the project. USAID's parallel funding included BSS (Behavior Surveillance Studies) and FBS (Focused Ethnographic Studies) in Kathmandu as part of the formative research, and the present office/running costs for the FHI office in Kathmandu. Similarly, FHI worked with a range of governmental and nongovernmental implementing partners and private sector entities.

As the Executing Agency, FHI was responsible for project implementation and was accountable for managing the resources allocated to the project in accordance with the workplan and the Project Document, maintaining an up-to-date accounting system, recording the receipt and disbursement of funds, and maintaining an inventory recording the acquisition and disposal of equipment. FHI was designated as the Executing Agency because of its long working history with the most vulnerable groups in Nepal, and had acted as the management unit for USAID supported HIV prevention activities. FHI had both the capacity and competence to effectively establish working relations with a number of NGOs (the implementing partners) and government institutions. FHI had also completed important groundwork research such as baseline and HIV/STI prevalence studies and behavior research of FSWs and IDUs in cooperation with the NCASC/HMG, inside and outside the Kathmandu Valley.

The NI Project was executed according to the rules and procedures in the UNDP programming manual, with the Director of the NCASC/HMG serving as the NPD responsible for ensuring effective communication between the partners and monitoring of progress towards expected results, and FHI as the Executing Agent. HMG/Nepal provided a leading role in the national response through the Steering Committee and the involvement of the NPD in all stages of planning and delivery.

In addition, the NI Project was expected to become a model for an expanded response to FSWs, their clients and IDUs in Nepal, to generate insights regarding advocacy, management and agencies involved in this sector, and to provide capacity building for similar initiatives.

- The implementation of the NI Project expected to:
- lay the foundation for an expanded scaled-up risk and harm reduction response to FSWs, clients of FSWs and IDUs by establishing new partnerships and collaborating mechanisms;
 - provide risk and harm reduction services (in phase one) for at least 25% of FSWs, clients of FSWs and IDUs beginning in the Kathmandu Valley which will lead to behavior change;
 - lead to an overall costed design for targeted interventions including behavior change products, service delivery mechanisms, management arrangements, and surveillance systems; and,
 - design and establish reliable monitoring and evaluation mechanisms and systems to monitor the epidemic among the target groups and the general population.

NI Partnership (NCASC/NI Donor Consortium/FHI)		SN	SUPPORTING AGENCY	ACTIVITY
		1.	AusAid	<ul style="list-style-type: none"> Assessment Study - Kathmandu HIV/AIDS Situation Analysis 2000/2001 - HIV and Injecting Drug Use in Selected Sites of the Terai, Nepal 2001 NI Program Evaluation (Partial)
		2.	DFID	<ul style="list-style-type: none"> BC/STI Program Harm Reduction Program Social Marketing Studies Condom Purchase Unit Costing
		3.	NCASC	<ul style="list-style-type: none"> General Advocacy National HIV/AIDS Strategy Development
		4.	UNAIDS	<ul style="list-style-type: none"> NI Program Evaluation (Partial) National HIV/AIDS Strategy
		5.	UNDP	<ul style="list-style-type: none"> Management Support
		6.	USAID/FHI	<ul style="list-style-type: none"> Technical and Management Support Formative Research Assessment Studies Political Advocacy/Media National HIV/AIDS Strategy Development

Inputs (Budget) (US\$) as stated in the Project Document:

• DFID	2,326,085
• UNAIDS	150,000
• UNDP	60,000
In kind:	
• AusAid	100,000
• USAID	546,133

iii. Target Group and Target Area:

- The primary beneficiaries of the NI Project were:
 - FSWs, clients of FSWs and IDUs within and outside of the Kathmandu Valley;
 - affected families and people living with HIV/AIDS; and
 - government and nongovernmental partners with regard to capacity building and skill development training.
- The secondary beneficiaries were:
- the national response which would obtain recent data on the epidemic and develop an effective monitoring system; and
 - community groups involved in HIV/AIDS related activities.

(APPENDIX I, 3.)

B. Scope of Work

The scope of work of the NI Project as stated in the NI Workplans was as follows:

OBJECTIVE AND OUTPUTS
<p>Objective 1: To create the necessary enabling environment among policy makers, local authorities and communities for concerted action in HIV risk and harm reduction.</p> <p>1.1 Advocacy/Communication Brief developed 1.2 Advocacy strategy and operational plan 1.3 Basis for information generated by program is developed for distribution at national level for primary stakeholders</p>
<p>Objective 2: To increase behavior change among individuals at high risk for HIV and STIs, including IDUs, FSWs and their clients.</p> <p>2.1 Capacity assessed for behavior change: FSWs 2.2 BCC strategy developed and implemented 2.3 Capacity assessed for STI management 2.4 Capacity assessed for behavior change: clients of FSWs 2.5 Development of social marketing strategy for risk and harm reduction 2.6 Capacity assessed for behavior change: IDUs 2.7 Strategy developed for harm reduction and operationalization 2.8 Capacity assessed and strategy developed for VCT</p>
<p>Objective 3: To enhance capacity of HIV/STI surveillance systems and their use in key decision making</p> <p>3.1 Baseline behavioral (qualitative and quantitative) STI and HIV sero prevalence data collection among target groups 3.2 Basis for 2nd generation sentinel surveillance established in Kathmandu and sites beyond</p>
<p>Objective 4: To support and facilitate the design of a costed, long-term (5 year) strategy for HIV risk and harm reduction among FSWs, clients and IDUs in Nepal</p> <p>4.1 Overall design for costed scaled up interventions reaching at least 80% of FSWs, their clients and IDUs in Nepal</p>
<p>Objective 5: To develop and implement a monitoring and evaluation system to inform the national response and to monitor and evaluate the project</p> <p>5.1 2nd generation sentinel surveillance developed 5.2 Monitoring and quality control 5.3 STI Program 5.4 Capacity development of NCASC</p>
<p>Objective 6: To develop and finalize National Strategy on HIV/AIDS/STI</p>



A Unite Against AIDS Year 2059 logo was developed jointly with NCASC and the Health Ministry as a symbol for declaring an Advocacy Year for HIV/AIDS for Nepal and for political advocacy as well. The logo was launched and

For general and political advocacy, the NCASC/HMG subcontract was amended to include national level advocacy activities.

(iii) General and political advocacy to be strategized and developed:

Under the harm reduction component, the advocacy program was integrated as part of the Harm Reduction Program implemented at the community level through implementing partner agencies of CHR/MBI (Center for Harm Reduction/Macfarlane Burnet Institute for Medical Research and Public Health). Youth Power Nepal, one of the partner agencies, was given the advocacy package on a pilot basis for the capital cluster. Partner implementing agencies in collaboration with CHR developed a number of IEC materials, which were reviewed and approved by NCASC/HMG.

(ii) Harm reduction component to be integrated into the Harm Reduction program:

For the risk component, advocacy was integrated as part of the BCC message and program approach; e.g. community support groups and involving target group stakeholders. Additionally, implementing agencies collectively developed their own IEC/BCC materials.

(i) Risk reduction component to be integrated into the BCC program:

The RFP (Request for Proposal) on Advocacy Campaigns for Creating an Enabling Environment for Risk and Harm Reduction was posted nationally and internationally in November 2001 and advertised in Kantipur and The Kathmandu Post on November 24 and 25, and also on the AHRN, Sea Aids and UN websites with December 25 as the closing date. The RFP was sent on request to 90 agencies and 24 sent in their proposals out of which 3 did not meet the necessary requirement. The 3 short listed proposals were reviewed by the TWG. None of the proposals submitted were able to articulate their concepts or propose activities encompassing or responding to the risk and harm as well as the advocacy components. Therefore, the TWG decided to put the proposals on hold and divide the RFP components into 3 categories:

Objective 1: Enabling Environment and Advocacy Strategy Operationalisation

A. Results/Outputs

The activities carried out under the NI Project aimed to address the urgent risk and harm reduction needs of specific high-risk groups incorporating FSWs, their clients and IDUs with focus on BCC, STI treatment, social marketing of condoms, minimum package for harm reduction, substitution therapy and voluntary counseling and testing (VCT).

II. Subproject Implementation

- approved by the first National AIDS Council meeting on October 3, 2002.
- In December 2001/2002, various activities were organized to celebrate World AIDS Day. The event on December 1, 2001, which was inaugurated by the Prime Minister, symbolized the beginning of the Advocacy Year for HIV/AIDS (with high-level participation).
- A multi-media national communications and advocacy campaign targeted primarily at policymakers and stakeholders, especially those in Kathmandu where media access is greatest, and secondly, at the general population with an emphasis on the youth, was launched from May through September 2002.
- Altogether 10 campaign messages were developed as part of the multi media campaign and broadcast on radio and telecast on national television.
- The National AIDS Council Launch Meeting on October 3, 2002, was held under the chair of the then Prime Minister and attended by members of the National AIDS Council, high level officials from the Ministries, diplomats and external development partners. Besides endorsing the National HIV/AIDS Strategy 2002-2006, the Council also made some important decisions regarding the structure of the NACC, the Steering Committee and the Harm Reduction Program under the NI Project.
- Fact sheets (11 on Research Findings, 1 on Basic Information on HIV/AIDS and 7 on Harm Reduction) were developed for dissemination to a wider community of policy designers, policy implementers, government officials and Parliamentarians for awareness and advocacy. The Fact Sheets on Harm Reduction were developed in English only while the others were developed in both English and Nepali.
- The NI Project web page www.nepalinitiative.org.np was launched in February 2002 and updated regularly.
- NCASC/HMG organized a nationwide essay competition for students at different educational levels as well as a nationwide HIV/AIDS song competition. Likewise, street dramas on HIV/AIDS were held through local NGOs in different parts of the country.
- Similarly, several exposure visits were organized for advocacy purposes:
 - A team of 21 participants from the government, NGOs, FHI implementing partners, FHI Country Office and the media attended the Sixth ICAAP (International Congress AIDS in Asia and the Pacific) Conference in Melbourne, Australia in October 2001 (funded through USAID).
 - 11 key persons participated in the Fifth International Conference on Home and Community Care for Persons Living with HIV/AIDS held in Chiang Mai, Thailand in December 2001 (funded through USAID).

- 10 participants including Parliamentarians, government officials and 2 State Ministers traveled to Sydney, Australia in May 2002 to observe and develop an understanding of issues and impediments leading to an epidemic among IDUs.
- 6 participants to Harm Reduction Programs in Hong Kong in November 2002 to learn and observe setting up and implementing Methadone programs.

(APPENDIX 3; 7; 8; 9; 11; 12; 13; 14.)

Objective 2: Increase Behavior Change Among Risk Groups

2.a. BCC/STI Program:

Based on the assessment conducted in August 2001, the BCC strategy for individuals at high risk was initiated through 2 NGOs, GWP in Kathmandu and SEDDA (Society for Education and Development Activities) in Pokhara through a six-month bridge funding starting November 15, 2001.

To select a partner agency for implementing the BCC/STI program, a RFP for "Health Services and Behavior Change Communications to Reduce Sexually Transmitted Infections Among Street-based

and Establishment-based Sex Workers and Their Clients in Kathmandu Valley and Pokhara" was advertised. Out of the 10 proposals submitted, 6 were further reviewed by the TWG. However,

because none of the agencies were able to visualize and articulate the merger of both BCC and STI components in their respective proposals, it was decided to break off the BCC and STI components temporarily. NFCC was contracted from June 15, 2002, to provide STI treatment services to the high-risk groups in Kathmandu Valley, while it was decided to expand the BCC partners as agencies willing to work with sex workers and clients of sex workers were identified.

BCC/STI Implementing Partners (Kathmandu Valley)

- BCC:**
- General Welfare Prasthan (GWP)
 - Women Acting Together for Change (WATCH)
 - Community Action Center Nepal (CAC-Nepal)
 - Himalayan Social Welfare Organization (HSWO)
 - Blue Diamond Society (BDS)
- STI:**
- Nepal Fertility Care Center (NFCC)

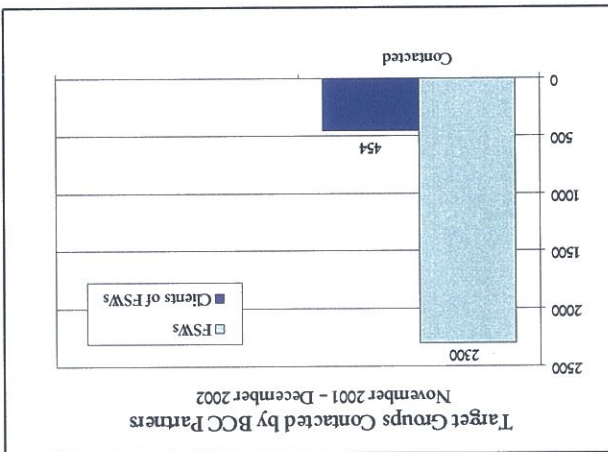
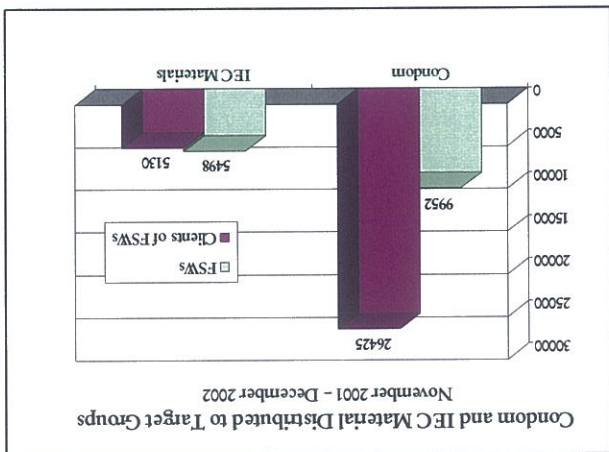
Although the SEDDA project ended on August 15, 2002, a total of 5 implementing partners continued to work together to carry out the BCC strategy in Kathmandu Valley under the NI Project. GWP (November 15, 2001 – December 31, 2002), WATCH (October 1, 2002 – December 31, 2002) and CAC-Nepal (October 1, 2002 – December 31, 2002) were contracted for the sex worker program, while HSWO (July 1, 2002 – December 31, 2002) was contracted for the clients of FSWs program. Along with the recognition that MSM (men having sex with men) is also a major risk group, BDS was also integrated into the BCC strategy.

At the beginning of the project period, there was no available data on the estimated number of FSWs in Kathmandu Valley. From the 700 FSWs identified and in contact with GWP at the beginning of the project period, by the end of December 2002, approximately 2300 FSWs were contacted and reached collectively through 3 BCC partners – GWP (13 months into the project), CAC-Nepal (3 months into the project) and WATCH (3 months into the project), out of which

Technical assistance was provided to both the BCC and STI partners to build their individual capacity to implement their program activities. Eventually, both the BCC and STI program strategies began to overlap and merge, and BCC and STI became one integrated program design. The NFCC STI Service Delivery Program was implemented with the active support and participation of the other five BCC partners and the clientele serviced by the program included: FSWS who were reached with the support of the outreach of GWP, WATCH and CAC - Nepal; MSMs who were reached through BDS; and Transport Workers comprising clients of FSWS who were reached through the help of HSWO.

Similarly, through HSWO (6 months into the project), approximately 2460 male target population comprising mainly of drivers, transport workers and garage workers were contacted, out of which 454 were identified as clients of FSWS. Altogether 27,443 repeated educational contacts with IEC materials were maintained for behavior change among the contacted target population.

1201 were identified as sex workers. Altogether 19,865 repeated educational contacts with IEC materials were maintained for behavior change among the contacted FSWS. Following the New Era (2002) estimation that there are around 4000-5000 FSWS in Kathmandu Valley and considering that at a given point of time, regular contact is maintained with approximately 40-50% of total FSWS contacted, it can be concluded that the coverage of target groups during the project period increased from 14% to 46%.



(APPENDIX 4; 5; 7; 9; 12.)

During the project period, a number of study tours to MSM programs and clinics in Dhaka, Bangladesh and Sex Worker Program in Calcutta, India were organized for target groups as well as NGO staffs.

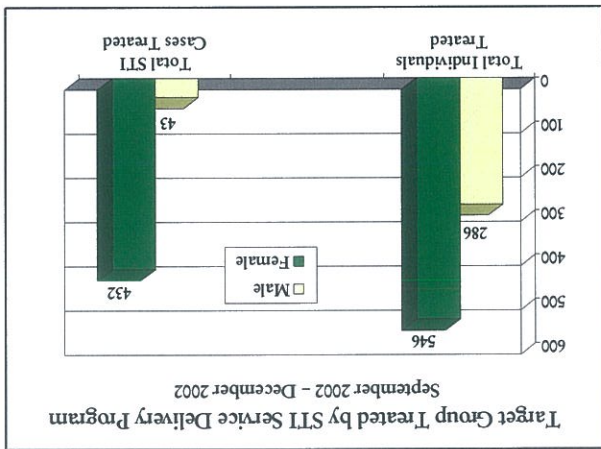
- The target groups have been contacted, identified and repeated educational contacts maintained and ongoing in Kathmandu Valley .
- Condoms are made available either free or through social marketing.
- Those requiring STI services are referred to NFCC clinics for treatment.
- The level of coordination and networking among implementing NGOs to work together for BCC/STI has created a "pro gram" versus a "project" approach.
- The capacity and number of implementing NGOs to handle BCC/STI programs has been created and enhanced, and they are now in a position to scale up.
- The collectivization of sex workers has been initiated and is being implemented successfully. Periodic meetings continue to be conducted by sex workers themselves.

The following are the major highlights achieved during the NI Project period for the BCC/STI program:

The above slides clearly show that the basic infrastructure capacity of NGOs has expanded, both in terms of target group and geographic coverage to scale up and integrate STI services and collectivization of sex workers into their programs. These NGOs are now able to deliver a comprehensive BCC package (one-to-one education, condoms, IEC and STI treatment).

The following are the major highlights achieved during the NI Project period for the BCC/STI program:

empower them. Technical assistance to the BCC/STI partners in Kathmandu Valley is on-going.



Technical input provided during a series of visits by international consultants and workshops conducted for capacity building have helped bring the implementing partners together to work towards behavior change among high-risk groups, namely sex workers, their clients, and MSM. Various advocacy and workshop activities were organized to initiate the collectivization of sex workers in order to

Under the Kathmandu Valley STI Service Delivery Program, altogether 832 individuals among the target population were treated by NFCC through its referral and static clinics, out of which 475 STI cases were provided treatment.

2.b. Operationalization of Harm Reduction:

A RFP for the Harm Reduction Program was posted in December 2001. The RFP was sent to 74 agencies and 22 proposals were received, out of which 6 did not meet the minimum requirements. Both internal and external experts reviewed the 3 shortlisted proposals and the CHR was selected as the lead-implementing agency to provide technical expertise and management assistance to local partners implementing the harm reduction program.

As a first step, potential partners previously involved in earlier missions in 2000 and 2001, and others that had been added to the list for reasons such as submission of proposals to FHI for harm reduction, were reviewed. The assessment of 18 potential partners was conducted in February 2002 to assess where these NGOs stand and how they can work jointly with CHR. An outline was also developed to discuss how the proposal guidelines were developed.

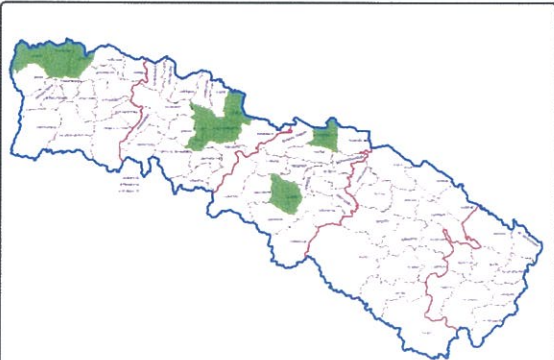
Under the CHR subcontract, altogether 17 local NGOs in 4 different clusters were selected as potential partners for the harm reduction program from the pool of proposals submitted to FHI under the Harm Reduction RFP.

Altogether 19 implementing agencies through 17 contracts were involved in various harm reduction activities, offering a minimum package for harm reduction. (INF/Nepal had three separate programs Naulo Ghumti in Pokhara, Nepalgunj Drugs Program in Nepalgunj and Association for Helping the Helpless in Dhangadhi.)

While 15 implementing agencies provided the minimum package services in fixed drop in centers and during outreach, the other 4 partners provided primary health care, counseling, dual diagnosis, abscess management and advocacy.

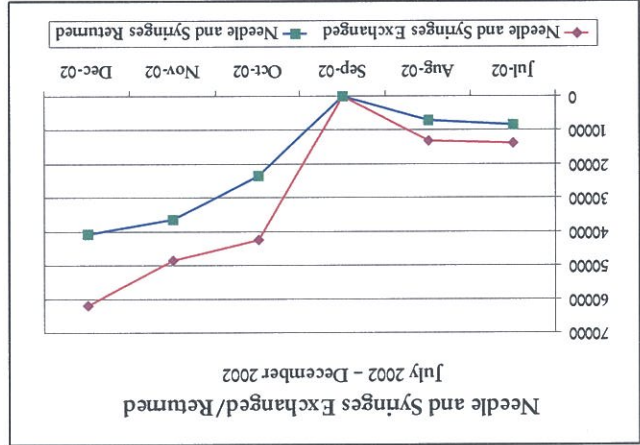
Harm Reduction Implementing Partners (19 partners through 17 contracts)

- Capital Cluster:**
1. Lifesaving and Life-giving Society (LALS), Kathmandu
 2. Youth Power Nepal (YPN), Kathmandu
 3. Kathmandu Metropolitan City (KMC)
 4. Lalitpur Sub Metropolitan City (LSCM)
 5. Bhaktapur Municipality City (BMC)
 6. Siddhi Memorial Hospital (SMH), Bhaktapur
- Central Cluster:**
7. Student Awareness Forum (BIJAM), Birgunj
 8. Ashraya/Ashmita (ASHA), Hetauda
- West Cluster:**
9. International Nepal Fellowship/Nepal (INF/Nepal):
 - Naulo Ghumti, Pokhara
 - Nepalgunj Drugs Program, Nepalgunj
 - Association for Helping the Helpless (AHH), Dhangadhi
 10. Multi Purpose Development Science Institute (MPDSI), Bhairahawa
- East Cluster:**
11. HELP Group (HELP), Biratnagar
 12. Punarjivan Kendra (KYC), Dharan
 13. BP Koirala Memorial Institute of Health Services (BPK), Dharan
 14. Association of Medical Doctors in Asia (AMDA), Damak
 15. Punarjivan Sarokar Kendra (PSK), Damak
 16. Social Awareness Development Group (SADG), Bhadrapur
 17. Knights Chess Club (KCC), Kakarbhitta



The Nepal Initiative: Harm Reduction Coverage

In September 2002, the Ministry of Home Affairs questioned needle exchange, this was rectified by the NCASC allowing this component to be activated in the 20 government approved DICS. As a result, not all of the 5,941 IDUs received needle exchange services. By the end of 2002, 26 DICS were approved to provide the service.



so as to reach their maximum capacity and efficiency.

- developing indicators and mechanisms for ongoing monitoring and evaluation of the services
 - sustainable operation of these services; and
 - developing and implementing activities aimed at producing an enabling environment for the building capacity to efficiently and effectively manage harm reduction services;
- regular services. This was reached through: The objective of the NI Harm Reduction Program was to reach at least 4,500 IDUs with a minimum package for harm reduction on a regular basis by December 31, 2002. By the end of 2002, altogether 6,296 IDUs were contacted (target was exceeded by 40%) and 5,941 received

The proposals for program activities and budget submitted by the partner agencies was unrealistic and beyond the management capacity of the partner agencies. As a result, the concept of unit costing was introduced. For this, exercises were conducted with each individual partner agency to redesign their proposal and budget using the principle of unit costing. Eventually, at the end of the exercise, realistic, manageable and cost-effective proposals were submitted by the partner agencies.

Minimum Package Component	Complementary Services closely linked to the Minimum Package
• Drug related BCC and health education	• Referrals (for VCT, PHC, drug detoxification and rehabilitation, crisis management)
• Blood borne virus prevention education (primarily HIV/AIDS and Hepatitis B/C)	• Drug detoxification and rehabilitation (management)
• Needle and Syringe Exchange	• Drug detoxification and rehabilitation services with half way house, vocational training and therapeutic community follow up systems
• Condom distribution with safer sex education	• STI services (mobile clinics, treatment facilities)
• Sterilization education with bleach and sterile water distribution and demonstration	• STI case management and wound dressing
• Safer Injecting Education	• Counseling
• PHC services, primarily overdose management, STI case management and wound dressing	• IEC Dissemination

The following are the major highlights achieved during the NI Project period for the harm reduction program:

- The target groups have been contacted and repeated educational contacts maintained and ongoing.

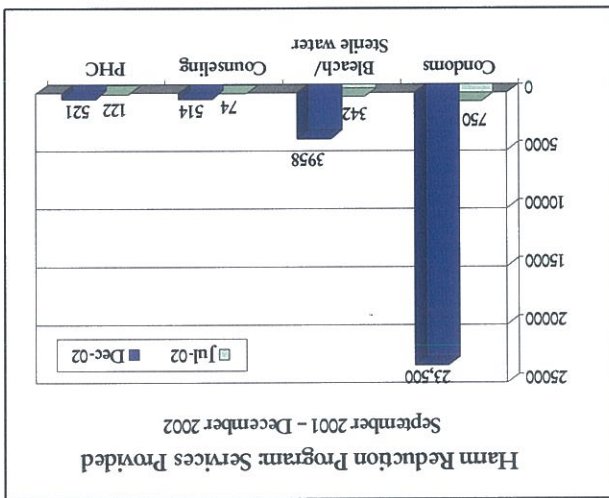
Two workshops were conducted and international technical assistance provided to 4 institutions (TUTH, Patan Hospital, BPKHS and INF) to draft a program design for each of their institutions to offer Methadone as a substitute for IDUs and as a program linked to harm reduction continuum of care.

Altogether two workshops were held to draft, review and finalize the National Policy Guidelines for Oral Substitution Therapy. A working committee of 3 members was appointed to draft the details of the National Policy Guidelines for Oral Substitution Therapy and international technical assistance was provided as well.

Oral Substitution Program: At the beginning of the NI Project period, there was only 1 program, namely Oral Methadone Substitution Therapy Program of the Mental Hospital, Patan, which was reaching between 180 and 200 patients only in Kathmandu. One of the goals of NI Project was that IDUs being reached by the harm reduction program in the 4 clusters should have access to substitution therapy. As a result, development of the National Policy Guidelines for Oral Substitution Therapy was an important strategy under the NI Project. The harm reduction partner agencies also participated in developing/designing and costing initiatives to make Oral Substitution Therapy available in the 4 clusters.

The above slides clearly show that the basic infrastructure capacity of NGOs has expanded to scale up the various service delivery components. As a result of the range of technical assistance provided by CHR, at the national, cluster and individual levels, these NGOs are now in a better position to deliver a comprehensive harm reduction minimum package.

Several IEC materials were developed with input from IDUs, partner agencies, CHR and NCASC/HMG on subjects covering abscess management, cleaning of syringes, harm reduction information and overdose management. The material on safer injecting practices was developed into flip charts for interacting with IDUs by outreach workers and peer educators. Fact sheets on different aspects of harm reduction were also developed.



Similarly, during the project period, there was a steady increase in other service delivery components, such as the distribution of condoms, bleach and sterile water, counseling and primary health care (PHC) services which were provided through the implementing agencies.

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(APPENDIX 4; 6; 7; 12.)

- The capacity of implementing agencies to handle harm reduction programs has been created and enhanced, and they are now in a position to scale up.
- The ability of partner agencies to build capacity among themselves for implementing community level advocacy was initiated and enhanced.
- The partner agencies are now more familiar with the behaviors and practices of the IDU population.
- Besides the minimum package, complementary components such as gender and social services (female IDUs and spouses of IDUs), demand reduction (drug treatment modalities and primary prevention), counseling training (for outreach and peer educators) and sustainable human development (vocational training, income generation and small/medium business enterprise) were initiated into the harm reduction program.
- Monitoring systems and indicators were developed to record all processes from daily outreach to monthly reporting.
- There was continued collaboration and communication among implementing agencies and the donor community.
- Although at the beginning, it was difficult for the Ministry of Home Affairs to understand the needle and syringe exchange component, with continuous advocacy this was realized to a certain degree.
- The National Policy Guidelines for Oral Substitution Therapy was developed.
- The National Policy Guidelines was endorsed by the National AIDS Council in October 2002.

2.c. Condom Social Marketing Strategy for Risk and Harm Reduction:

- Population Services International (PSI) was contracted to implement the NI social marketing strategy for risk and harm reduction which comprised of 3 components: (i) implementation of a multimedia communications campaign to promote safe behavior; (ii) development, launch, promotion and distribution of a new social marketed condom brand; and (iii) build capacity for improved social marketing strategy and implementation. PSI set up its official presence from January 2002 along with its office set up and hiring of staff.

- In support of the launch of a new condom brand for HIV/AIDS prevention, an RFP was issued for a distribution survey of the existing condom market in November 2001. Although 58 Statement of Work were sent to agencies on request, only 13 submitted a proposal. PSI short-listed 2 agencies and based on review and evaluation, CEDA (Center for Economic Development and Administration) was subcontracted to work on the research project. The Condom Market Distribution Study unveiled that the potential for additional distribution mechanisms through the private sector should be further investigated.

- PSI conducted 9 separate research and evaluation projects under the NI Project:

1. Condom Market Distribution Study;
2. Negative Testing of Number One Condom Brand Name;
3. Qualitative Condom Brand Market Research;
4. Consumer Preference Test of Brand Names and Foils of 3 Male Condom Brands;
5. Packaging Market Research;
6. Market Channel Study;
7. Qualitative Evaluation of the Celebrity Multimedia Campaign for HIV/AIDS Prevention 2002-03;
8. Media Recall Survey of the Celebrity Multimedia Campaign for HIV/AIDS Prevention 2002-03; and
9. Quantitative Evaluation of the Second Generation HIV/AIDS Campaign.

- Nearly 4 million condoms were procured through an international competitive bidding process with NI Project funds. The new brand of condoms with the Number One logo was launched in December 2002 in collaboration with CHR. Since then, 200,000 condoms were distributed to high-risk groups.

(APPENDIX 7; 11; 12.)

Objective 3: Enhance Capacity of HIV/STI Surveillance Systems

- A meeting Dynamics of HIV/AIDS Epidemic in Nepal was jointly organized by NCASC/HMG and FHI in June 2002 to disseminate research findings from a total of 10 studies conducted by NCASC, CREHPA, New Era, SACTS and Save the Children US with technical assistance from FHI and financial support from USAID in support of the NI Project.

- Although a total of 10 studies were disseminated from a national perspective, only 6 studies conducted among FSWs, male sub groups (potential clients), STI patients, and IDUs in Kathmandu Valley fall under the purview of the NI Project.

- The 2001 HSS (HIV Sentinel Surveillance) was conducted by NCASC as part of the continued surveillance system among patients with STI in six sentinel sites in Nepal.

- The Sero Studies of FSWs and IDUs in the Kathmandu Valley were conducted by SACTS and New Era, respectively. HIV prevalence among 300 street based sex workers (SBSWS) was found to be 15.7% in the SACTS study. The New Era study revealed that two-thirds (68% among male and 15% among female IDUs) of the IDU population in Kathmandu Valley is infected with HIV.

- CREHPA conducted the FES in Kathmandu Valley, namely the situation assessment of IDUs and FSWs, and health care seeking behaviors of SBSWS. The FES looks at behavior patterns of high-risk groups as bridge to the general population. Commercial sex work exists in as many as 12 different forms and professions. Although many SBSWS experience symptoms of STI, due to various reasons they do not seek medical treatment. The FES also showed that there

List of Studies Disseminated

- HIV Sentinel Surveillance Among STI Patients in Six Sentinel Sites in Nepal — NCASC
- Kathmandu Female Sex Worker HIV/STI Prevalence Study — SACTS
- HIV Prevalence and Risk Behaviors Among Male and Female Injecting Drug Users in Kathmandu Valley — New Era
- HIV/STI Prevalence and Risk Factors Among Males in a High Migration Area of Achham District — New Era
- HIV/STI Prevalence and Risk Factors Among Male Migrant and Non-Migrants in Kailali District - New Era
- Sexually Transmitted Infections Among Women in Migrant Communities in Kailali District, Nepal: Assessing Infection Rates and Identifying Risk Factors for Infection — SC/US Harvard School of Public Health; SACTS and NRCS

Ethnographic Studies:

- A Situation Assessment of Sex Workers and Injecting Drug Users in Kathmandu Valley: A Focused Ethnographic Study — CREHPA
- Health Care Seeking Behavior of Street Based Sex Workers in Kathmandu: A Rapid Ethnographic Study — CREHPA

Behavioral Surveillance Studies (BSS):

- HIV Behavioral Surveillance of Female Sex Workers and Male Sub-Population Groups in the Midwestern-Eastern Terai Highway Area — New ERA
- HIV Behavioral Surveillance of Female Sex Workers and Their Clients in Kathmandu Valley - New ERA

- Capacity building was an on going activity under the NI subcontract. As part of their technical capacity buildup, NCASC/HMG hired local consultants in the areas of Monitoring and Evaluation, STI and Surveillance.
 - A seven member Surveillance Working Group (SWG) was formed under the chairmanship of NCASC Director to coordinate, design, and provide technical assistance for surveillance activities.
 - A 4-month cost extension for NCASC through December 31, 2002 was granted to include additional activities on advocacy.
- This objective fell under the management of the NCASC. A subcontract was awarded to NCASC/HMG to lay the groundwork for initiating and monitoring surveillance activities starting February 1 to August 31, 2002. NCASC directly implemented this subcontract.

Objective 5: Develop a Monitoring and Evaluation System to Inform the National Response/ NCASC

However, on December 25, 2002, HMG/Nepal assumed responsibility of the NI Project under a national execution modality through the NCASC. (APPENDIX 4)

- A transition phase of at least 2 years, with ongoing response for national response and capacity building for NCASC/HMG.
 - A split in management implementation (execution) responsibilities during the transition phase.
 - FHI to be retained for programs directed towards FSWs, IDUs and areas where they have prior experience.
 - Steering Committee to be abolished from January 1, 2002, with project management oversight being the responsibility of the reconstituted NAAC.
- An evaluation of the NI Project was conducted in September 2002 by a group of national and international consultants, including those from the beneficiary groups. This activity was conducted as planned in the 12 month workplan in the third phase of the NI Project implementation. The Evaluation Team made the following recommendations:

Objective 4: Long Term (5 year) Strategy for HIV Risk and Harm Reduction

- are 2138 IDUs (2050 male and 88 female) in 92 major locations in Kathmandu Valley, which have been identified as concentration areas or place for injecting drugs.
 - According to the BSS conducted by New Era, the number of FSWs in Kathmandu Valley is estimated to be between 4,000 and 5,000.
 - Facts sheets summarizing the 10 research studies were developed in both English and Nepali for wider dissemination.
- (APPENDIX 8; 13; 15.)

(APPENDIX 8)

- The National AIDS Council established under the Prime Minister.
 - The National Strategy on HIV/AIDS 2002-2006 was finalized and was endorsed by the
 - An exercise was carried out to review the vision for the NCASC/HMG in the National HIV/AIDS Strategy and to define its roles and functions, including defining its core competencies and needed technical assistance, was carried out.
 - A unit costing of the National HIV/AIDS Strategy was conducted.
 - A rapid assessment of the HIV/AIDS policy environment in Nepal was conducted to survey the current policy environment of Nepal, to identify policy barriers to the effective implementation of the national response, and to make specific recommendations for policy improvements.
 - This was a new addition to the NI Project workplan as it became a priority objective for the NCASC. National and international technical assistance was provided by various external development partners during the development of the national strategy. Some of the activities undertaken in support of the National Strategy were:
- Objective 6: Develop and Finalize National Strategy on HIV/AIDS / NCASC**

(APPENDIX 8)

- To examine the feasibility of NCASC/HMG becoming an autonomous institution to take a leadership role, a comparative study of available institutional options suitable for the restructured NCASC/HMG was conducted by HURDEC, a private management company.
- The Standard Treatment Protocol was drafted.

B. Findings:

A review of the NI Project performance identified the following key issues:

- Strengths:**
- There is an increased acknowledgement by the government and the community regarding the threat of HIV/AIDS.
 - At times of decision making, the TWG comprising of representatives from NCASC/HMG, UNDP and FHI worked jointly to good effect.
 - The willingness in the community to discuss sensitive issues more openly has evolved.
 - The capacity among NGOs and community groups for implementation of program activities has been identified and expanded. There are now more familiar with working in a program-oriented vs. a project-oriented approach.
 - NGOs now have the infrastructure and capacity to scale up coverage.
 - Coordination among partners working with vulnerable groups has improved.
 - Support for the finalization of the National HIV/AIDS Strategy 2002-2006 was generated.
 - Involvement of beneficiary group in program design and implementation has evolved.

Weaknesses:

- In a context of limited political and community understanding of the threat, the project design was too ambitious.
- The perceived ownership of the NI Project by the Government was lacking.
- Multiple roles were assigned to the Executing Agency (FHI).
- Delineation of roles of the NPD and Executing Agency (FHI) was inadequate.
- Short timeframe restricted opportunities for results-based program approach.

Opportunities:

- Political acknowledgement and support for an expanded response has increased.
- The foundation for input into more accurate costing and time required for the delivery of expanded response has been enhanced.
- Research and surveillance has improved empirical evidence for scaled up response.
- Donor commitment to a coordinated response has been demonstrated.
- There is potential for regional cooperation/integration.

C. Constraints

- The following are the obstacles experienced during the project duration:
- Although the NI Agreement was signed on June 12, 2001, the first Steering Committee meeting was held on July 31, the work plans were signed by NCASC on August 28, and the transfer of funds took place only on September 18, 2001. As a result, the operationalisation of the project was delayed immensely. The change in the NPD/NCASC Directorship in September 2001, further delayed the project execution.
 - Staff turnover and uncertainty within NCASC/HMG delayed project start-up.

- There was lack of clarity over roles of NPD and the Executing Agency (FHI). For example, FHI sub granted NCASC/HMG.
- National conflict had a strong impact on Government commitment and operations of some partners. The Royal Massacre of June 1, 2001 further delayed the operationalisation of the project.
- FHI underestimated the time required for the process of posting, submission and review of the RFPs (nationally and internationally).
- RFPs did not yield competent national agencies or proposals with adequate response to the briefs.
- Since the proposals submitted by NGOs were neither cost effective nor practical without any reference to its future base, the concept of unit costing had to be introduced. As a result, finalizing of the proposals was delayed.
- Most NGOs did not have the capacity to understand HIV/AIDS in a broader context, especially harm reduction. Those who were capable to include beneficiary groups in their program design. Technical assistance had to be provided periodically to the NGOs to conduct a SWOT analysis before they could develop their program proposal and enhance their ability to be inclusive of beneficiary groups.
- There was confusion among some over the role of the project – an “emergency” versus laying a foundation for expanded response.
- The capacity of local NGOs to implement risk and harm reduction activities was lacking both programmatically and technically.
- It was difficult to find qualified and appropriate staff for the concerned posts and positions had to be re-advertised causing further delay. Moreover, the short duration of the project made it difficult to find committed from qualified people. As a result, FHI was unable to hire professional staff.
- Harm reduction was a component cutting across both Health and Home Ministries. Clarities in roles of management, technical as well as legal issues did not exist. This made it difficult to run the harm reduction component smoothly.

D. Management

- Altogether 1 Program Officer-IDU, 1 Program Officer-Finance and 1 Program Secretary were hired as full time staff under the NI Project.
- Since the funds for the NI Project were not available until September 2001, almost all activities initiated during the quarter (June – September) were funded by USAID through FHI. During this period, FHI senior management staff, the Country Director and the Associate Directors of Program/Technical Unit and Finance/Administration Unit provided management support and technical oversight for the execution of this project.
- Altogether 4 Steering Committee Meetings were convened by the NPD/NCASC and held under the chairmanship of the Secretary for Health. Several key government officials and donor representatives participated while FHI and NGOs were observers. The objective of the meetings was to review progress made in the previous quarter, to discuss the workplans and budget for the coming quarter and any other relevant issues.

- The NI Project contract with UNDP was initially up to August 31, 2002. It was proposed in the third Steering Committee Meeting held on May 14, 2002 to extend the project with a No-cost Extension until December 31, 2002. A request had been made for an extension of the NI Project mainly because (i) funds for project implementation remained; (ii) BCC/STI and harm reduction programs were reaching full scale; and (iii) the oral substitution therapy program was at the design stage.
- RFPs with extensive briefs were posted both nationally and internationally and all subcontracts were selected through a competitive bidding process and technical review.
- Through a competitive bidding process, G.P. Rajbahak & Co. was contracted to provide management and logistical services to the project. A number of national/local consultants and international consultants provided technical assistance to the program activities under the NI Project.

IV. Lessons Learned/Recommendations

The following are some of the key lessons learned through the implementation of the one-year project:

- It is important to foster a feeling of 'ownership' by the government.
- An informed and committed leadership is essential for an effective country response to HIV/AIDS/STI.
- An expanded country response and substantive impact on poor and disadvantaged populations are more likely where HIV/AIDS is integrated into the national development plan and budget process, and into broader health and multi-sectoral development programs.
- The project management and reporting arrangements must be clear and well understood, and as far as possible aligned with the management and reporting operations of the Government.
- Behavior change interventions targeting populations vulnerable to HIV infection are more effective where there is a strong participation by members of the populations being targeted, including disadvantaged, marginalized and mobile populations.
- Partnership arrangements need to be based on a clear understanding of roles, responsibilities and accountability, and ongoing and effective communication to resolve problems.
- Effective capacity building requires sufficient time as well as technical and financial support, both for skills development and for practical application of learning, including through pilot projects addressing sensitive issues and marginalized populations.
- New strategies are needed to mobilize the government's commitment to ensure sufficient human resources are available to allow successful project outcomes.
- HIV/AIDS should move from the health sector to the broader political and economic forum.
- Involvement of beneficiary groups is limited by a lack of beneficiary organizations and networks.

V. Budget Sheet

FHI was awarded a sum of \$ 2,463,966 by UNDP NER-00-013 for the implementation of "Assistance for an Expanded Rights Based Response to the Concentrated HIV/AIDS Epidemic in Nepal".

The Cooperative Agreement was signed on June 12, 2001. However, the NI Project was financially operated from September 2001 after the first advance from UNDP was received on September 18, 2001. This Cooperative Agreement was extended through December 31, 2002 through Budget Revision No. D. During the project period, FHI Nepal submitted Quarterly Financial Reports to UNDP.

The component wise expenditure under the NI Project was as follows:

Expenditure Status as of December 2002	
Description	Total Expenditures US\$
International Consultants	199,665.05
Administrative Support Staff	25,181.74
Travel Costs	3,002.24
National Consultants	8,807.13
Sub-contracts	1,177,144.46
Training	-
Non Expendable Equipment	12,949.78
Non Expendable Equipment (Medical)	-
Sundry	30,683.64
NGO Execution Fee	191,944.06
Total	1,649,378.10

The total expenditures as of December 31, 2002 was US \$ 1,649,378.10. Due to the following reasons, the total allocated budget of the NI Project could not be utilized:

1. International/national consultants (US\$ 116,085.82): The scheduled Exposure Visit to Uganda for government officials and stakeholders was underutilized.
2. Subcontracts (US\$ 45,728.54) and procurement (US\$ 400,000.00): The amount was unspent as they were designated for substitution therapy initiatives planned for January – April 2003.
3. Administrative support (US\$ 46,415.26): Budget allocated for program staff could not be utilized, as qualified and appropriate staff could not be hired as planned, given the short time period of the NI Project.
4. Sundry (US\$ 71,316.36): The audit cost allocated for the FHI Nepal office and the Implementing Agencies through an external audit was not required as the audit was later carried out by the UNDP through their internal funds.
5. Execution Fee (US\$ 94,947.94): The execution fee of 13.17% was applied to actual expenditure.

FHI awarded a total of 11 Subagreements for the implementation of the NI Project.

S.N.	FCO	IAs	Titles	Start Date	End Date	Expenditure US\$
						Total
1	1201	GP Rajbhadak & Company	Management Support	1-Nov-01	31-Dec-02	191,569.05
2	1202	SEDA	STD/HIV Prevention Project for Sex Workers in Pokhara	15-Nov-01	15-Aug-02	15,549.25
3	1203	GWP	STD/HIV Prevention Program for FSW in KTM	15-Nov-01	31-Dec-02	29,542.90
4	1204	LALS	HIV/AIDS/STI Prevention Program Among and from IDUs	7-Jan-02	30-Jun-02	22,105.77
5	1205	NCASC	Monitoring Trends in HIV Prevalence	1-Feb-02	31-Dec-02	149,479.07
6	1206	PSI	Social Marketing for HIV/AIDS	7-Feb-02	31-Dec-02	306,359.03
7	1207	MBI/CHR	Harm Reduction in Nepal	1-Feb-02	31-Dec-02	568,077.88
8	1208	NFCC	STI Service Delivery in Kathmandu	15-Jun-02	31-Dec-02	61,470.74
9	1209	HSWO	Clients Focused BCC Program in Kathmandu	1-Jul-02	31-Dec-02	11,398.08
10	1210	WATCH	BCC Among FSWs in Kathmandu Valley	1-Oct-02	31-Dec-02	7,917.06
11	1211	CAC - Nepal	BCC Among FSWs of Bhaktapur District	7-Oct-02	31-Dec-02	5,244.68

STATUS OF EXPENDITURE OF IMPLEMENTING AGENCIES (IAs)

FINANCIAL REPORT

Part I

Government of Nepal
 Project Number: NEP/00/013
 Project Title: Assistance for HIV/AIDS in Nepal
 Period: October - December 2002
 Budget Revision: D
 Sources of Fund: UNDP
 Currency: US Dollar

Description	Period	Month		
		October	November	December
Opening Advance	Amount			
Advance Received for the Quarter		125,276.90	808,370.86	933,647.76
Expenditures by Subline:				
International Consultants		11.01		
Admin. Support Personnel		13.01		
Travel Costs		15.01		
National Consultants		17.01		
Subcontract		21.01		
Training		31.01		
Equipment Non Expendable		45.01		
Equipment (Medical Items)		45.02		
Sundries		53.01		
NGO Execution Fee		94.01		
Total Expenditure		103,738.03	36,982.76	31,159.59
Closing Balance		310,838.83		
Outstanding obligation:				
Planned Expenditure				
Total Requirement		(310,838.83)		
CMBL				
International Consultants		103,738.03	36,982.76	31,159.59
Admin. Support Personnel		5,022.17	1,049.19	1,042.18
Travel Costs		471.66	80.87	79.99
National Consultants		3,291.40	492.75	490.92
Subcontract		302,865.33	42,215.27	28,612.84
Training		2,784.64	2,270.00	
Equipment Non Expendable		12,691.64	624.42	
Equipment (Medical Items)		191,944.06		
Sundries		191,944.06		
NGO Execution Fee		622,808.93	83,715.26	61,552.53
Total Expenditure		622,808.93	83,715.26	61,552.53
Closing Balance		310,838.83		
Outstanding obligation:				
Planned Expenditure				
Total Requirement		(310,838.83)		

Approved by:

Reviewed by:

Project Director
 Name: James L. Ross, Ph. D.
 Date: February 28, 2003

Associate Director, Finance and Administration
 Name: Bholu Shrestha
 Date: February 28, 2003

FINANCIAL REPORT

Part II

Government of Nepal				
Project Number: NEP/00/013				
Project Title: Assistance for an expanded rights-based response to HIV/AIDS in Nepal				
Period: July 2001-December 2002				
Description	Period Amount	Total Budget	Total Expenditure	Available Budget
Opening Advance	1,151,846.07			
Advance Received for the Quarter	808,370.86			
Total Fund Available	1,960,216.93			
International Consultants	11.01	281,424.00	199,665.05	81,758.95
Admin. Support Personnel	13.01	71,597.00	25,181.74	46,415.26
Travel Costs	15.01	471.66	2,000.00	(1,002.24)
National Consultants	17.01	3,291.40	43,134.00	8,807.13
Subcontract	21.01	302,865.33	1,222,873.00	1,177,144.46
Training	31.01	35,460.00	35,460.00	45,728.54
Equipment Non Expendable	45.01	2,784.64	16,801.00	35,460.00
Equipment (Medical Items)	45.02	-	400,000.00	3,851.22
Sundries	53.01	12,691.64	102,000.00	400,000.00
NGO Execution Fee	94.01	191,944.06	286,892.00	71,316.36
Total Expenditure	622,808.93	2,462,181.00	1,649,378.10	812,802.90
Closing Balance	310,838.93			

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APPENDICES:

APPENDIX A: NI Process Documentation Details

APPENDIX 1: Project Documents

APPENDIX 2: Quarterly Reports

APPENDIX 3: Steering Committee Documents

APPENDIX 4: Consultants' Reports

APPENDIX 5: BCC/STI Program

APPENDIX 6: Harm Reduction Program

APPENDIX 7: RFP Documents

APPENDIX 8: NCASC Reports

APPENDIX 9: Trip Reports – Exposure Visits

APPENDIX 10: VCT

APPENDIX 11: Social Marketing

APPENDIX 12: Contracts

APPENDIX 13: Formative Research

APPENDIX 14: Management

APPENDIX 15: List of IEC Materials

APPENDIX 16: Inventory List of Commodities

APPENDIX 17: Financial Summary

APPENDIX 4:

SN	Consultant Name	Scope of Work	Nat/Intl.	Funding Source
1	Assessment: AusAid	Kathmandu Valley HIV/AIDS Situation Analysis	Intl. Consultant	AusAid/NI
2	Mr. Aaron Peak Ms. Sujata Rana Mr. Lokendra Rai	HIV and Injecting Drug Use in Selected Sites of the Terai-Nepal	Intl. Consultant	NI
3	Ms. Sujata Rana		Intl. Consultant	NI
4	Mr. Lokendra Rai		Natl. Consultant	NI
5	Ms. Carol Larivee	Scaling-up HIV/AIDS/STI	Intl. Consultant	USAID/FHI
6	Ms. Barbara Franklin	Prevention Services in the	Intl. Consultant	USAID/FHI
7	Mr. Tony Bondurant	Kathmandu Valley and Pokhara	Intl. Consultant	USAID/FHI
8	Mr. Graham Neilson	under the NI Project	Intl. Consultant	USAID/FHI
9	Mr. Paul Boyce	MSM Assessment in Kathmandu	Intl. Consultant	USAID/FHI
10	Mr. Sunil Pant	Valley	Natl. Consultant	USAID/FHI
11	Mr. Harry Cross	Policy Assessment for	Intl. Consultant	USAID
12	Mr. Kevin Osborne	Implementation of the National	Intl. Consultant	USAID
13	Dr. Malcolm Steinberg	HIV/AIDS Strategy	Intl. Consultant	USAID
14	Management Assessment: HURDEC	Feasibility capacity assessment of NCASC becoming an autonomous institution	Natl. Consultant	NI
15	Unit Costing: Dr. Anita Alban	Unit Costing for the National HIV/AIDS Strategy	Intl. Consultant	DFID
16	Surveillance/Research Dr. Steve Mills	Provide technical assistance to design and develop surveillance strategy and operational plan	Intl. Consultant	USAID/FHI
17	Dr. Samiran Panda	Provide technical assistance to	Intl. Consultant	NI
18	Dr. Tarun Roy	implementing partners to initiate	Intl. Consultant	NI
19	Prof. Gaurang Jani	and implement the BCC/STI	Intl. Consultant	NI
20	Mr. Bhaskar Banerjee	program	Intl. Consultant	NI
21	Mr. Vivek Singh		Natl. Consultant	NI
22	Ms. Aroona Khadka		Natl. Consultant	NI
23	Dr. Perti Peltó		Intl. Consultant	NI

24	Dr. John Gallwey			NI
25	Dr. Graham Neilson			USAID/FHI
26	Ms. Bhawana Maskey			USAID/FHI
27	Dr. Alex Wodak	Provide technical assistance to workshop conducted to develop the National Policy Guidelines for Oral Substitution Therapy	Intl. Consultant	NI
28	Dr. Dhruva Man Shrestha	Develop the National Policy Guidelines for Oral Substitution Therapy	Natl. Consultant	NI
29	Dr. Zahari Nikolov	Set up Oral Substitution Programs in Nepal	Intl. Consultant	NI
30	Dr. Jesper Svendsen	Provide technical assistance to NCASC for the development of a National VCT Policy	Intl. Consultant	USAID/FHI
31	Dr. Joan MacNeil	Explore potential counseling services and VCT sites in Kathmandu Valley	Natl. Consultant	NI
32	Mr. Bishnu Sharma			
33	Dr. Alfred Pach	To review and examine the NI Project in terms of development and objectives	Intl. Consultant	NI
34	Dr. Peter Deutschmann		Intl. Consultant	NI
35	Mr. Garry Wiseman		Intl. Consultant	NI
36	Dr. Kalyan Raj Pandey		Natl. Consultant	NI
37	Ms. Apsara Prasai	Represent their respective beneficiary groups and function as a team member of the NI Project Evaluation Team	Natl. Consultant	NI
38	Mr. Anoop Khadka			
39	Ms. Yamuna Sharma	Develop Basic Counseling/ Training Package for harm reduction implementing partners	Natl. Consultant	NI
40	Mr. Kedar Kayamajhi			
41	Ms. Bobby Limbu	Translate Fact Sheets from English to Nepali	Natl. Consultant	NI
42	Mr. Madhav Nepal		Natl. Consultant	NI

APPENDIX 15: List of IEC Materials Developed

Following is the list of IEC/BCC materials developed under the NI Project:

Agencies	IEC/BCC Materials	Language	Type
WATCH	<ul style="list-style-type: none"> • Yuan Rog Bare Jan Kari - Pictorial Leaflet • HIV/AIDS - Poster • STI - Poster • HIV/AIDS - Comic Book • STI - Brochure • HIV/AIDS - Brochure • Pocket Brochure 	Nepali	Purchased
HSWO	<ul style="list-style-type: none"> • Aids Pictorial Brochure - Brochure • Information on STI - Pamphlet • STI Referral Slip 	Nepali	Print
CHR in collaboration with Agencies Implementing	<ul style="list-style-type: none"> • Safer Injecting - Flip Chart for Training • Sui Syringe Safa Garne Tarika - Brochure • Abscess - Brochure • Overdose - Brochure • An introduction to Harm Reduction - Brochure 	Nepali/English	Print
FHI CO in collaboration with NCASC	<ul style="list-style-type: none"> • 11 Fact Sheets on Research Findings • 1 Fact Sheet on Basic Information on HIV/AIDS • 7 Fact Sheets on Harm Reduction • Policy Guidelines on Oral Substitution Therapy <p>Others:</p> <ul style="list-style-type: none"> • NI logo - Sticker • Jacket Folder 	Nepali/English	Print

Acquisition Date	Item Description	Quantity	Unit Price (US\$)	NON EXPENDABLE COMMODITIES BELOW \$1000	
				Total Price (US\$)	
06-27-2001	Wooden Desk with loose drawer	5Set	73.72	368.60	
12-20-2001	Computer Table	1 Unit	51.17	51.17	
12-20-2001	Long Wooden Open Rack (2 shelves with partition)	1 Unit	49.86	49.86	
12-20-2001	Wooden Partition Board	2Units	58.39	116.78	
03-07-2002	Computer Table	3Units	48.66	145.98	
05-06-2002	Filing Cabinet 84" x 72" x 18"	1 Unit	282.59	282.59	
05-10-2002	APC Smart UPS 700i	5 Units	270.00	1,350.00	
07-25-2002	Godrej 4 Drawer Filing Cabinet	1 Unit	198.21	198.21	
07-31-2002	Wooden Filing Rack with doors at the bottom	1 Unit	79.31	79.31	
07-31-2002	Wooden Table with attached drawers (for computer use also)	2 Units	68.86	137.72	
09-25-2002	IMOEGA External USB CDRW	1 Set	256.41	256.41	
11-01-2002	HP LaserJet 1200 Printer	1 Set	450.00	450.00	
NON EXPENDABLE COMMODITIES ABOVE \$1000					
05-10-2002	DELL Optiplex GX150	5 Units	1,180.00	5,900.00	
05-10-2002	HP LaserJet 2200DN Printer	1 Unit	1,300.00	1,300.00	
11-01-2002	Dell Inspiron 4150 Notebook	1 Set	1,820.00	1,820.00	

Detailed List Of Non-Expendable Commodities Procured Under UNDP (ND)

FHI Nepal has submitted the Final Inventory Report of Non-expendable Property procured through UNDP funds. FHI Nepal is waiting for instructions from UNDP for the disposition or transfer of equipments to the respective implementing partners.

APPENDIX 16: Inventory List of Commodities

1. NAME OF ORGANIZATION: Family Health International (FHI)
 CONTRACT/COOPERATIVE AGREEMENT No: NEP/00/013
 PERIOD COVERED BY INVENTORY: May 2001- December 31, 2002

3. FCO & Project Title: -1209 Client Focus BCI Program in Kathmandu

NAME OF ORGANIZATION: Himalayan Social Welfare Organization (HSWO)			
PERIOD COVERED BY INVENTORY: July 01, 2002 - December 31, 2002			
Acquisition Date	Item Description	Quantity	Unit Price (US\$)
			Total Price (US\$)
29-07-2002	Computer Pentium -IV	1	660
29/07/2002	Office Table	2	79
29/07/2002	Computer table	1	56
29/07/2002	Office Chairs	1	42
29/07/2002	Cupboard Steel	2	67
31/07/2002	Printer	1	76
31/07/2002	Ups	1	78
31/07/2002	Camera	1	112
20/09/2002	IEC Rack	1	69
20/09/2002	Office Chairs	3	26
			77
NONEXPENDABLE COMMODITIES BELOW \$ 1000			

2. FCO & Project Title : 1205 Monitoring Trend in HIV Prevalence

NAME OF ORGANIZATION: National Center for AIDS and STD Control (NCASC)			
PERIOD COVERED BY INVENTORY: February 07, 2002 - December 31, 2002			
Acquisition Date	Item Description	Quantity	Unit Price (US\$)
			Total Price (US\$)
21/2/02	Shido Computer - P III (Assemble)	2	1,128
24/2/02	Optima - Multimedia Projector	1	4,057
25/02/02	Laptop - Compaq P III	1	2,307
NONEXPENDABLE COMMODITIES ABOVE \$ 1000			
2/2/2002	Scanner - ScanPrisa 640P Acer	1	296
2/2/2002	UPS - Blazer (600 VA)	2	141
2/2/2002	Computer Table (Taiwan Made)	2	141
8/19/2002	Round Table (3x3)	1	32
9/9/2002	Revolving Chair - Maruti	1	49
1/5/2002	Executive Chair	2	97
1/5/2002	Conference Chair	1	346
1/5/2002	Visitor Chair	2	78
22/02/02	Printer - Canon	2	592
07/06/02	Fuji Film Digital Camera - Pix A201	1	497
			497

Acquisition Date	Item Description	Quantity	Unit Price (US\$)	Total Price (US\$)
28/10/02	Computer Printer	1	97	97
31/10/02	Gas Heater/cylinder	1	54	54
21/11/02	Computer Table	1	77	77
21/11/02	Computer Chair	1	38	38
21/11/02	Office Tables	2	51	103
21/11/02	Office Cupboard	1	38	38
9/12/2002	Kerosene Heater	1	77	77
28/10/02	Computer - PIV	1	641	641

NONEXPENDABLE COMMODITIES BELOW \$ 1000

Acquisition Date	Item Description	Quantity	Unit Price (US\$)	Total Price (US\$)

NAME OF ORGANIZATION: Community Action Center (CAC-Nepal)
 PERIOD COVERED BY INVENTORY: October 07, 2002 - December 31, 2002

6. FCO & Project Title: 1211 BCI Program Among FSWs in Bhaktapur Municipality

Acquisition Date	Item Description	Quantity	Unit Price (US\$)	Total Price (US\$)
17/10/02	Steel Cupboard	1	74	74
18/10/02	Sony 21" TV	1	385	385
18/10/02	SONY VCR	1	167	167
20/10/02	TV Rack	1	77	77
01/12/02	Kerosene Heater	1	77	77

NONEXPENDABLE COMMODITIES BELOW \$ 1000

Acquisition Date	Item Description	Quantity	Unit Price (US\$)	Total Price (US\$)

NAME OF ORGANIZATION: Women Acting Together for Change (WATCH)
 PERIOD COVERED BY INVENTORY: October 01, 2002 - December 31, 2002

5. FCO & Project Title: 1210 BCI Among FSWs in Kathmandu Valley

Acquisition Date	Item Description	Quantity	Unit Price (US\$)	Total Price (US\$)
20/08/2002	Computer PIV - Assembled	1	1,154	1,154
20/8/02	Canon Printer	1	128	128
5/9/2002	Colour TV Dawoo 21"	1	385	385
5/9/2002	VCR Panasonic	1	128	128
6/9/2002	Office Table 24" x 48" x 30"	1	51	51
6/9/2002	Steel Cup board 66" x 35" x 20"	1	64	64

NONEXPENDABLE COMMODITIES ABOVE \$ 1000

Acquisition Date	Item Description	Quantity	Unit Price (US\$)	Total Price (US\$)

NAME OF ORGANIZATION: General Welfare Pratishtan (GWP)
 PERIOD COVERED BY INVENTORY: November 15, 2001 - December 31, 2002

4. FCO & Project Title: 1203 STI/HIV Prevention Program for FSWs in Kathmandu

7. FCO & Project Title : 1208 STI Service Delivery

NAME OF ORGANIZATION: Nepal Fertility Care Center (NFCC) June 15, 2002 - December 31, 2002			
PERIOD COVERED BY INVENTORY:			
Acquisition Date	Item Description	Quantity	Unit Price (US\$)
			Total Price (US\$)
09/09/02	Computer laptop	1	2,756
NONEXPENDABLE COMMODITIES ABOVE \$ 1000			
10/09/02	Centrifuge	1	120
10/09/02	Centrifuge	1	49
19/09/02	Chair (Three seater)	4	37
19/09/2002	Chair - Revolving	20	41
10/09/02	Colour Meter - Ehco	1	204
09/10/02	Distillation Plant	1	113
10/09/02	Hanging Rack	2	45
09/10/02	Hot Air Oven	1	162
09/10/02	Incubator	1	162
10/09/02	Lab table with sink table door	1	103
10/09/02	Microscope	1	494
09/10/02	Oxygen Cylinder	5	114
01/10/02	Refrigerator	1	327
31/10/2002	Sofa Set	1	115
10/09/02	Table	17	51
25/10/2002	Table	1	192
27/11/2002	Table	1	28
23/09/2002	Table - O.T.	3	122
23/09/2002	Table - O.T.	4	83
10/09/02	VDRL Rotator/Shaker	1	46
10/09/02	VDRL Rotator/Shanker	1	127
NONEXPENDABLE COMMODITIES BELOW \$ 1000			
10/09/02	Microscope	1	1,269
09/09/02	Computer laptop	1	2,756
10/09/02	Centrifuge	1	120
10/09/02	Centrifuge	1	49
19/09/02	Chair (Three seater)	4	37
19/09/2002	Chair - Revolving	20	41
10/09/02	Colour Meter - Ehco	1	204
09/10/02	Distillation Plant	1	113
10/09/02	Hanging Rack	2	45
09/10/02	Hot Air Oven	1	162
09/10/02	Incubator	1	162
10/09/02	Lab table with sink table door	1	103
10/09/02	Microscope	1	494
09/10/02	Oxygen Cylinder	5	114
01/10/02	Refrigerator	1	327
31/10/2002	Sofa Set	1	115
10/09/02	Table	17	51
25/10/2002	Table	1	192
27/11/2002	Table	1	28
23/09/2002	Table - O.T.	3	122
23/09/2002	Table - O.T.	4	83
10/09/02	VDRL Rotator/Shaker	1	46
10/09/02	VDRL Rotator/Shanker	1	127

8. FCO & Project Title : 1207 Harm Reduction Assessment

NAME OF ORGANIZATION: Center for Harm Reduction (CHR) February 01, 2002 - December 31, 2002		Acquisition Date	Item Description	Quantity	Unit Price (US\$)	Total Price (US\$)
NONEXPENDABLE COMMODITIES ABOVE \$ 1000						
	21/08/2002	Photocopier		1	3700	3700
	28/08/2002	Generator		1	2072	2072
	30/07/2002	EPBX System		1	1374	1374
NONEXPENDABLE COMMODITIES BELOW \$ 1000						
	30/07/2002	Printer - HP LaserJet 1200		19	368	6,992
	29/07/2002	APC 700 VA Smart UPS		23	189	4,347
	31/08/2002	Overhead Projector Briefcase		1	500	500
	31/08/2002	Overhead Projector Table Top		1	385	385
	31/08/2002	Projector Screen		1	210	210
	20/12/2002	Canon Fax		1	333	333
	20/06/2002	Revolving chair		20	44	872
	20/06/2002	Podrej Steel Filling Cabinet 4 drawers		1	112	112
	20/06/2002	Podrej Steel Filling Cabinet 2 drawers		3	73	218
	26/06/2002	Conference Table (2 pcs)		1	173	173
	11/07/02	Office Table (3'x 5'x2.5')		2	88	177
	11/07/02	Office Table (3'x 4'x2.5')		2	61	122
	11/07/02	Office Table (3'x 4.5'x2.5')		4	80	322
	11/07/02	Book Case (1'x3'x5')		6	53	315
	11/07/02	Book Case (1'x3'x7')		1	58	58
	26/06/2002	Office Table (2.5'x 4'x2.5')		2	83	165
	16/08/2002	Computer Table		2	44	88
	25/09/2002	Office Table (2.5'x 4'x2.5')		2	83	165
	22/06/2002	Cane Sofa Set		1	51	51
	30/07/2002	Compaq EVO 380M Series - desk top		23	870	20,010

