



*Empowered lives.
Resilient nations.*

Annual Progress Report - 2011

Support to National HIV/AIDS Programme

Award ID: 00046947

Award Title: Support to National HIV/AIDS Programme

Project ID: 00060611

Source of Funds: TRAC and Cost Sharing

Implementation Modality: DIM

Project Beginning Year: 2006

Project Ending Year: 2012

Signature _____

Dr. George Ionita
Project Manager

Date:

29/4/2012

Signature _____

Ms. Shoko Noda
Country Director
Executive- Project Board

Date:

2 May 2012

Annual Progress Report

1. Overview of the Project

Brief description of the project and its main intended results

Period and focus — In 2005 UNDP began to manage Nepal's Global Fund Round 2 HIV grant on behalf of the government. Soon after, DFID used this mechanism to channel its large scale support for HIV aimed at implementing important parts of the National Strategic Plan 2006-2011 not covered by other donors. Since then the grant has been extended about once a year and ended on 31 December 2011. A total of \$27.8 million of DFID funds were spent over the six years, with 10% of this amount spent in 2011. The Programme was originally due to end in March 2011, but was extended with extra funds to continue providing services to most-at-risk populations until the delayed start of Government procured services under the National Health Sector Programme 2 (NHSP 2, 2010–2015).

Main activities — The Programme has focused on HIV prevention interventions for the most-at-risk populations of injecting drug users (IDUs), men who have sex with men (MSM/MSWs) and male labour migrants and their families, and on providing care and support for people living with HIV/AIDS (PLHIV). The Programme has also built up the capacity of three national entities responsible for the HIV response (NCASC, HSCB and LMD), supported safe blood supplies and promoted respect for the human rights of key affected persons.

Intended results — The main intended results were improved access to HIV-related services, reduced HIV prevalence, improved quality of life of PLHIV, improved respect for the human right of key affected persons and an improved national capacity for implementing the response to HIV and AIDS.

2. Key Results in 2011

2.1 Summarize 3 major results achieved in 2011, emphasizing changes in development conditions and/or people's lives. Explain how these interim results are leading towards the overall intended results of the project. Include any policy changes that the project has contributed to.

1. Continuity of services to populations most at risk to HIV (MARPs) — In 2011 the Programme was extended to provide continuity of HIV-related services to IDUs, MSM, migrants and their families, to PLHIV and for safe blood supplies. This was in view of the delayed start of the new funding modality for HIV in Nepal (NHSP 2 pooled donor funding). Thus, in 2011, more than 360,000 labour migrants and their wives and 66,000 MSM were reached with tailored HIV prevention interventions and more than 13,000 IDUs with needle-syringe exchange and other harm reduction interventions. The Programme also provided 674 IDUs with residential rehabilitation and 1,938 PLHIV with residential crisis care. Unfortunately the extent of the delays in the start of the new programme has meant that there has been a service gap in some cases

2. Built capacity of national HIV entities — In 2011 the Programme provided expert guidance for the National Centre for AIDS and STD Control (NCASC) to manage the new HIV programme under NHSP 2, and to the Logistics Management Division (LMD) of the Ministry of Health and Population (MoHP) to procure HIV services from NGOs, also under NHSP 2. These are new roles for these two government organizations.

3. Data for decision making — Carried out the following three pieces of work that extended the knowledge base on Nepal's HIV response for a more efficient and coordinated future response:

- An external evaluation with lessons learned of the six years of DFID support to HIV through UNDP.
- Studies of 800 PLHIV on stigma, quality of health services, livelihoods and hepatitis co-infection.
- A matrix of HIV interventions in Nepal by district, donor, thematic area and HIV prevalence.

3. Achievements against Annual Work Plan (Annual Targets & Activities

Please fill out the tabulation below and include all the annual targets set in the AWP for 2011.

COLUMN 1: Project ID: 00060611		COLUMN 2: Annual Target: Continue supporting capacity development of the national HIV/AIDS entities particularly of NCASC (in procurement and supply chain management)					
Achievement (against annual targets)	Planned Activities	Achievements (against activities and actions)	Financial				
			Fund	Budget Code	Budget	Expend.	
<p>Output 1: Support capacity development of the national HIV/AIDS entities and implementation of large donor grants</p> <p>ACHIEVEMENTS:</p> <p>1. Continuity of services to populations most at risk to HIV</p> <p>2. Built capacity of national HIV entities (LMD and NCASC)</p> <p>3. Made available data for making decisions for the HIV response</p> <p>4. National HIV/AIDS</p>	<p>Activity Result 1: Support to National Entities (HSCB and NCASC)</p> <p>Milestones/Deliverables</p> <p>i) Assist NCASC and LMD in procuring MAPP NGO service via NCASC-NHSP II pooled fund</p> <p>ii) Support the development of National HIV/AIDS Strategic Plan (2011-2016).</p>	<p>i) Provided technical support to MoHP's LMD and NCASC for procuring NGO provided services for MAPPs. LMD-NGO contracts for IDUs, prisoners, migrants, MSM and PLHIV were signed on 8 November 2011.</p> <p>ii) Supported production of National HIV/AIDS Strategic Plan (2011-2016) in partnership with UNAIDS. New plan launched on World AIDS Day 1 December 2011.</p>	04000	16000	-	-	
				04000	71300	(2,020)	(2,020)
				04000	71600	(414)	(414)
				04000	72100	-	-
				04000	72500	-	233
				04000	74500	-	1,009
				11888	71200	28,407	20,700
				11888	71600	7,500	6,472
				11888	75100	-	1,603
				30000	16000	-	-
				30000	71200	4,474	15,788
				30000	71300	15,000	14,347
				30000	71400	10,630	9,668
				30000	71600	12,869	13,406
				30000	72100	38,486	26,165
			30000	72200	7,705	7,704	
			30000	72400	-	7	
			30000	72500	800	734	
			30000	73100	500	102	
			30000	74500	1,742	1,938	
			30000	75100	-	2,034	
			30078	71300	(1,142)	(1,142)	
			30078	72100	(484)	(484)	
			Sub Total		124,053	117,849	
		iii) UNDP led a survey of the legal environment and sex work in Nepal with UNDP, AZJ project, UNAIDS and IDLO					

Strategic Plan finalized and launched on 1 December 2011.	<p>Activity/Result 2. Implement comprehensive package for IDUs, MSM/MSWs, migrants and PLHIV</p> <p>Milestones/Deliverables</p> <p>i) Provide harm reduction services to 2970 new IDUs and rehabilitation services to 872 IDUs</p> <p>ii) Provide comprehensive service to 19,818 new MSM/MSW & VCT services to 3,220 MSM/MSW</p> <p>iii) Provide comprehensive service to 90,689 new migrants and their families & VCT services to 13,084,</p> <p>iv) Provide comprehensive services to 1,688 PLHIVs.</p> <p>v) Support in writing proposal on Migration and HIV</p> <p>vi) Produce video documentary on Supreme Court's decision on citizenship rights for MSM/MSW and</p>	<p>Report submitted on human rights situation of FSW and MSW in Nepal (\$4000 from UNDP, RO BKK)</p> <p>Extended support for services for PLHIV and blood safety by providing no cost extensions to 9 NGOs (8 PLHIV & 1 blood safety) to 15 Oct 2011.</p> <p>IDUs</p> <p>i) Harm reduction services provided to 13,578 IDUs (old and new clients) and drug rehabilitation services to 674 IDUs.</p> <p>MSM/MSWs</p> <p>ii) Reached 66,048 MSM/MSW (new and old clients) through peer and outreach education and at drop-in centres and 2,488 MSM/MSW counselled and tested for HIV.</p> <p>a) The Blue Diamond Society umbrella NGO of MSM/MSWs supported (\$14,000) to advocate against regressive provisions in proposed new criminal and civil codes. Some of the activities BDS could not carry out that were Draft paper on civil law of women & Minority group and Criminal law on Women.</p> <p>Migrants</p> <p>iii) 360,817 migrants and their families (new and old clients) reached through peer and information centres and 9,975 migrants and their families counselled and tested for HIV</p> <p>PLHIV</p> <p>iv) Crisis care provided to 1,938 PLHIV. Nava Kiran Plus (NKP) PLHIV NGO supported to establish a mineral water bottling plant to provide income for sustainable funding of its services to PLHIV.</p> <p>v) Joint UN proposal on Migration and HIV drafted by international consultant</p> <p>vi) Milan Productions produced 10 minute documentary 'Out of the Closet' on Third Gender rights in Nepal.</p>	<table border="1"> <tr> <td>04000</td> <td>72100</td> <td></td> <td></td> <td></td> </tr> <tr> <td>30000</td> <td>71200</td> <td>30,000</td> <td></td> <td>(14,804)</td> </tr> <tr> <td>30000</td> <td>71300</td> <td>-</td> <td></td> <td>26,568</td> </tr> <tr> <td>30000</td> <td>71600</td> <td>500</td> <td></td> <td>796</td> </tr> <tr> <td>30000</td> <td>72100</td> <td>1,764,267</td> <td></td> <td>2,532</td> </tr> <tr> <td>30000</td> <td>72200</td> <td>-</td> <td></td> <td>1,701,718</td> </tr> <tr> <td>30000</td> <td>72300</td> <td>-</td> <td></td> <td>62,821</td> </tr> <tr> <td>30000</td> <td>72600</td> <td>-</td> <td></td> <td>7,286</td> </tr> <tr> <td>30000</td> <td>74200</td> <td>15,000</td> <td></td> <td>4,827</td> </tr> <tr> <td>30000</td> <td>74500</td> <td>(74,872)</td> <td></td> <td>-</td> </tr> <tr> <td>30000</td> <td>75100</td> <td>-</td> <td></td> <td>(74,872)</td> </tr> <tr> <td>30000</td> <td>72100</td> <td>-</td> <td></td> <td>12,388</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>-</td> </tr> <tr> <td colspan="2">Sub Total</td> <td>1,734,895</td> <td></td> <td>1,729,260</td> </tr> </table>	04000	72100				30000	71200	30,000		(14,804)	30000	71300	-		26,568	30000	71600	500		796	30000	72100	1,764,267		2,532	30000	72200	-		1,701,718	30000	72300	-		62,821	30000	72600	-		7,286	30000	74200	15,000		4,827	30000	74500	(74,872)		-	30000	75100	-		(74,872)	30000	72100	-		12,388					-	Sub Total		1,734,895		1,729,260	
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	technical support visit to NGOs	conducted.							
	ii) Conduct 2010 audit of 39 NGOs	ii) 3 companies carried out audits of 2010 work and accounts of 52 NGO contracts and HSCB, NCASC and DoHS.							
	iii) Conduct 2011 Audit of 41 NGOs (45 contracts; 8 UNODC + 37 UNDP)	iii) 3 audit companies carried out 2011 audits of 41 NGOs							
04000			61300	35,962	69,024				
04000			62200	500	-				
04000			62300	12,000	9,268				
04000			63300	-	6,175				
04000			63500	12,000	2,164				
04000			64300	14,055	-				
04000			65100	4,116	332				
04000			71400	16,200	-				
04000			71600	-	2,362				
04000			72100	-	(14)				
04000			73100	(4,827)	-				
04000			74500	(1)	-				
11888			61200	-	-				
11888			61300	35,962	(9,998)				
11888			62200	-	-				
11888			62300	-	22,024				
11888			63300	-	-				
11888			63500	12,000	5,627				
11888			64300	14,055	-				
11888			65100	4,116	4,384				
11888			71400	16,200	-				
11888			71600	-	1,205				
11888			72400	-	523				
11888			73100	4,520	-				
11888			75100	3,200	362				
30000			61100	-	1,723				
30000			61200	1,500	12,004				
30000			61300	25,750	86,180				
30000			62200	250	1,662				
30000			62300	6,500	20,669				
30000			63500	5,000	5,697				
30000			64300	8,500	-				
30000			65100	2,000	3,622				
30000			71200	-	-				
30000			71300	-	482				
30000			71400	141,000	169,523				
30000			71600	15,000	22,753				
30000			72100	38,679	54,518				
30000			72200	1,250	1,051				

4. Cross Cutting Issues

Gender Equality, Women's Empowerment, and Social Inclusion

4.1 Describe results achieved by the project in promoting gender equality, women's empowerment and social inclusion. Please highlight gender results achieved which has resulted in change in gender equality and status of women in particular. Please provide quantitative data wherever possible.

- 1. HIV prevention for wives of labour migrants** — The Programme has improved the access of the wives of male labour migrants to HIV testing, STI treatment and guidance on how to negotiate issues such as getting their husbands to use condoms and take HIV tests. These women are vulnerable to contracting HIV from their husbands who spend long periods away from home. In 2011, 89% of STIs treated, 65% of HIV tests and 57% of clients reached with HIV prevention education under the migrants package were wives of migrants. Some wives of labour migrants have also been empowered by serving as peer educators and outreach workers on the programme.
- 2. Sex worker network** — Strengthened the main network of female sex workers (JMSS) in Nepal to extend its work across 9 districts and to protect the rights of its members
- 3. Female IDUs** — Supported the only active centre for the rehabilitation of female IDUs.
- 4. Third gender** — Supported the main representative organization of Third Gender people in Nepal to advocate for their rights including opposing regressive provisions in the proposed new civil and criminal codes and producing a film that is serving as a strong advocacy tool.

South-South Cooperation

4.2 Has the project/UNDP supported Nepal in drawing on expertise and experiences from other developing countries or sharing its expertise and experiences with another develop country/countries? Please indicate details.

- 1. Migrants proposal** — UNDP is working with UNAIDS, and other UN agencies in Nepal to develop a proposal for a major new migrants and HIV project, which will have cross-border components. This proposal leads on from the UNDP-ILO survey on HIV/AIDS and Mobility in South Asia (published 2010).

4.3 Are specific models of practices from other developing country/countries being adopted by Nepal or is Nepal promoting its model/practices in other developing country/countries with the support of the project/UNDP? Please specify.

- MSM rights** — Nepalese civil society and the government, with support from UNDP and other donors have been pioneers in the Asia-Pacific region in advancing the human rights of men who have sex with men.

Capacity Development

4.4 *Has the project contributed specifically to improving the performance of institutions and systems through strategic (comprehensive or targeted) capacity development interventions? If so explain the systems, describe who and what, indicating the category of institution that were the main focus of your efforts?*

1. Civil society organizations — The substantial funding provided to the representative civil society organizations of IDUs, MSM and PLHIV (NGOs, networks and community based organizations) and direct capacity building support has empowered more than 40 representative organisations of IDUs, MSM and migrants to provide their constituents with HIV related services.

This support also empowered these organizations to advocate for the rights of their constituents. The most prominent achievement here has been was support to the Blue Diamond Society contributing to, in December 2007, Nepal becoming the first Asian country to decriminalize homosexuality, through a Supreme Court decision, providing men having sex with men with equal rights to the rest of the population. The 2011 census included men having sex with men and transgender people as a separate gender category.

2. National HIV entities — Support in 2010 resulted in NCASC improving its capacity to enable it to become eligible to serve as a Principal Recipient of the Global Fund's Round 7 Phase 2 HIV grant to Nepal. In 2011 the Programme provided expert guidance to the National Centre for AIDS and STD Control (NCASC) to manage the new HIV programme under NHSP 2, and to the Logistics Management Division (LMD) of the Ministry of Health and Population (MoHP) to procure HIV services from NGOs, also under NHSP 2. These are new roles for these two government organizations.

3. Data for decision making — The following three pieces of work and the proactive support of the UNDP are informing the development of an improved and more coordinated future response to HIV:

- An external evaluation with lessons learned of the six years of DFID support to HIV through UNDP.
- Studies of 800 PLHIV on stigma, quality of health services, livelihoods and hepatitis co-infection (important information on priority needs including support for hepatitis B & C).
- A matrix of HIV interventions in Nepal by district, donor, thematic area and HIV prevalence (informed decision making for NHSP 2).

5. Implementation Challenges

5.1 *Describe any implementation challenges you have faced during the implantation of the project in 2011, as well as your responses.*

1. Delays in transition from DFID to NHSP 2 pooled donor funding — The delays in the issuing of contracts for NGOs to provide HIV services to MARPs under NHSP 2 led to UNDP successfully requesting DFID to extend its support for IDUs, MSM and migrants from 31 March to 15 July 2011 and for PLHIV to 15 October 2011.

2. Impact of delays — The delays in the start of NHSP 2 HIV contracts led to DFID issuing several short contracts for NGOs to deliver services which made the NGOs uncertain about future funding. This funding insecurity led to high staff turnover within NGOs, which to an extent hampered the efficient provision of services.

5.2 Update the Risk and Issues Logs in the templates provided below. The updated risk and issue logs should follow the same format as in the QPRs.

Risk Log Matrix

#	Description	Category	Impact & Probability	Countermeasures / Management response	Owner	Author	Date Identified	Last Update	Status
1	Continuous strikes and transport closure called by various political groups may hamper regular supervision to implementation partners	Environmental	Monitoring and supervision of the key programme success. If programmes are not monitored regularly, programme quality or technical support provided to NGOs cannot be ensured.	Alternative/back up plan to be prepared in advance taking anticipated scenario in consideration. Mobilize field staff to develop back-up plans.	Project Manager	M&E Officer	01/01/2011	29/11/2011	Project Manager
2	Frequent changes in management of key project partners including high turnover of PMU staff	Operational	Frequent change in key NGO programme staff may hinder understanding of project, thus leading to delays in activity implementation and delivery	NGOs develop staff retention plan (incentive, motivation etc) and also proper handover and take over mechanism	Project Manager	M&E Officer	31/7/2007	15/3/2011	Project Manager
3	End of DFID support to MARPs NGOs via UNDP	Operational	Possibility of gap in NGO services to MARPs if timely action not taken by NCASC/LMD/MOHP for NGO service procurement via pooled funding	1. MoHP-UNDP developed transition plan in late 2010/early 2011. 2. DFID support extended to 15 July for MARPs and to 15 Oct for PLHIV & blood 2. Technical support to NCASC/LMD to procure NGO services for MARPs and PLHIV.	Project Manager	M&E Officer	15/9/2010	5/25/2011	Project Manager

Issue log

ID	Type	Date Identified	Description and Comments	Status	Status Change Date	Author
		6/4/ 2010	Service delivery gap for MARPs and PLHIV	Contract between 5 umbrella NGOs and LMD for all service components (prisoners, migrants, IDUs, PLHIV & MSM) signed November 2011. These umbrella NGOs will sub-contact other smaller NGOs and CBOs for programme implementation at the district level.	29/11/2011	Project Manager
00063710	Other	29/11/2011	UNDP DFID project closure	<p>Assets Handover: Total of 39 NGOs have Programme assets worth \$162,250.</p> <ul style="list-style-type: none"> - Handover completed for 34 NGOs in 2011 - Jan 2012, handover almost completed for other 5. <p>Reports: DFID 2011 and Global Fund Round 7 Phase 2 2011 reports completed (24 Jan 2011). External evaluation report will be finalized by 15 May 2012.</p> <p>Staff: DFID support for UNDP staff ended 31 December 2011.</p>	29/11/2011	Project Manager

6. Lessons learned and next steps

6.1 Describe the main lessons learnt that can be drawn from the year's experiences. Please mention any "best" or "worst" practices which UNDP should be aware of. Please be specific and focus on 2011.

1. Capacity development of NGOs — Need more direct capacity building support for NGOs, networks and CBOs to enable them to provide quality services and to manage their activities as well as to promote the greater involvement of people living with and affected by HIV in implementing activities.

2. Lack of systems for lesson learning — Future HIV programmes should institute a systematic way of documenting implementation experiences and for providing feedback to implementer and other programmes.

3. Feedback mechanism — Institute a mechanism to feed back programme monitoring findings to implementing agencies (NGOs)

4. Indicators and targets — Need to fully define indicators from the start of a programme and set realistic targets each year, revising them as necessary if the situation changes. In particular it needs to be clear if targets are for newly reached or total reached clients and whether they are for number of occasions or number of clients reached

5. Integration VCT and STI services — Integrate the provision of VCT and STI services for cost effectiveness.

Note: The lessons learned by the six year long DFID Programme are summarised in the external evaluation report.

6.2 For projects continuing in 2012, describe priority actions for the following year to overcome any constraints, build on achievements and partnerships, and use the lessons learnt during the previous year. In particular, please make clear recommendations for any required corrective action, for review by the project board.

Not applicable as Programme finished on 31 December 2011.

7. Implementation Status of DIX or NIX Audit Action Plan (if applicable) (Not Applicable for HIV PMU)

Update the implementation status against each audit/ spot check recommendations for 2011 in the table below

Obs No	Audit Observation	Audit Recommendation	Risk Severity	Action Planned	Target Implementation Date	Person Responsible	Status