

Annual Progress Report - 2009



Project Title

Award ID: 00046947

Award Title: Support to National HIV/AIDS Programme

Project ID: 00060611

Source of Funds: TRAC and Cost-sharing

Implementation Modality: DEX

Project Beginning Year: 01/10/2006

Project Ending Year: 31/03/2011

Signature

A handwritten signature in black ink, appearing to read 'Sacharya'.

Savita Acharya
Officer-In-Charge

Signature

A large, stylized handwritten signature in black ink, consisting of several overlapping loops and lines.

Anne-Isabelle Degryse-Blateau
Executive- Project Board

Annual Progress Report – Part I

Overview of the Project

The UNDP “Support to National HIV/AIDS Programme (SNHP)” was initiated in 2005 upon request from the Government of Nepal to assist in the implementation of the Global Fund round 2 Grant on HIV/AIDS. In late 2005, DFID also entered into agreement with UNDP to implement the gaps in the national action plan.

UNDP has been managing the DFID funded HIV/AIDS programme in Nepal since 2005. The DFID Funds specially support the implementation of the National Strategic Plan 2006- 2011, particularly in filling the gaps of the National HIV/AIDS Plan 2009-2010 that are not covered by other donors. The grant expanded and has been extended up to March 2011 with a total contribution of US \$ 3.34 million in 2010. The programme is focused on HIV prevention programme targeted for Most at Risk Populations such as Injecting Drug Users (IDUs), People Living with HIV/AIDS (PLHA), Men Having Sex with Men (MSM), Migrants and their families. The services are provided to the communities through 56 VCT centers, 13 Rehabilitation Centers, Drop in Centers and 26 Community Based Care Homes. The programme is being implemented in 70 districts through 50 NGO and CBO partners. The DFID programme also supports a programme on blood safety and capacity development of national institutions to coordinate the national HIV /AIDS response effectively.

1. Results in 2009

Major Accomplishment of 2009

Due to the increase in service sites and massive outreach programmes conducted through peer educators and outreach activities, the number of migrants reached through the comprehensive package programme exceeded by more than times than the target set aside. The people reached included family members (spouse, children of reproductive age); partners of migrant workers, and others who have no relation to migration at all. The number of clients tested for HIV exceeded the target by 25% due to the successful outreach activity conducted in the grassroots level.

A total of 6000 IDUS received harm reduction services and 3400 IDUs received rehabilitation services. Similarly, 26,677 new MSM/MSW were reached with comprehensive services including IEC, BCC, outreach activities, VCT and STI services and linking them with ART services if needed.

A total of 2203 PLWH received palliative care through 26 community based care homes.

UNDP support also allowed the Nepal Red Cross Society to ensure safe blood transfusion in 48 districts of the country.

a. Progress towards CPAP Outcome and Output Indicators

If the project has an M & E Framework with an indicators tracking table, annex it hereto. If the project does not have a table already, fill in the following table (illustrated with an example from MEDEP):

| | |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CPAP Outcome: | Employment and income opportunities and access to financial services enhanced, especially for youth and excluded groups and PLWHA in partnership with the private sector and CSOs. |
| CPAP Outcome Indicators, baselines, targets and current | Proportion of population below national poverty line (disaggregated by caste/ethnicity) |

| | |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| status | Baseline: 31% (2004) Target: 24% Current status: No Updates |
| CPAP Output: | Policies designed and initiatives developed to expand employment opportunities for poor youths, women and individuals from socially excluded groups in selected districts. |
| CPAP Output Indicators, baselines, targets & current status | <p>Number of HIV infected and affected people having received skill based training who are employed</p> <p>Baseline: None (2008) Target: 416 (300 PLWH and their family and 116 IDUs)</p> <p>Current status: and A total of 400 participants(150 PLWH and 150 family member of PLWH and 100 Ex-IDUs participated in micro enterprise development programme and attended various related trainings such as Appreciative Inquiry, Start and Improve Your Business etc. Following the introductory livelihood trainings, technical skill development training was provided to 260 PLWH including one of their family member and 85 IDUs as per their choice of micro business.</p> <p>As of December 2009, a total of 250 participants have received raw material support from the project and are engaged in various small businesses.</p> |
| CPAP Outcome: | Strengthened national capacity for governance and coordination of AIDS response |
| CPAP Outcome Indicators, baselines, targets and current status | <p>Number of GFATM proposals approved</p> <p>Baseline: 2/7</p> <p>Target: 1 additional proposal</p> <p>Current Status: Nepal submitted GFATM R9 proposal which was not accepted for funding.</p> |
| CPAP Output: | Support the development of appropriate oversight and management structures for the semi autonomous HIV/AIDS entity |
| Project Output Indicators (if different from CPAP Output indicators), baselines, targets and current status | <p>% of HIV/AIDS donors resources managed by the Government</p> <p>Baseline: Less than 1% Target: 40% Current Status: No up date</p> <p>Financial, procurement, monitoring and evaluation procedures developed for the semi autonomous entity</p> <p>Baseline: The frame work for HIV AIDS and STI Control Board (HSCB)is already approved by the parliament and the formal establishment for the entity is in process</p> <p>Target: M&E plan in place; minor gaps in the M&E system assessments, PSM plan in place; entity capable of recording data in price reporting mechanisms.</p> |

| | |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <p>Currents status: Financial, procurement, human resource and monitoring and evaluation policy/guideline developed and detailed out in the bi-laws of HIV/STI Control Board (HSCB) and endorsed by the MOHP. Capacity Development Plan developed for HSCB and support provided to implement the plan in 2009. Monitoring and evaluation plan and tool developed and data base system established at HSCB.</p> <p>The staffing and activities of the Board are 100% funded by donors. The government is so far contributing an amount of NPR 10,000for utilities and office rent. This has raised serious questions regarding the sustainability of HSCB. Discussion has been ongoing on the final status and future of the Board as a part of the potential World Bank and DFID support to the health sector.</p> |
|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

b. Achievements against Annual Work Plan (Annual Targets & Activities)

If easier, you may do this in Excel and cut/paste, or annex

| Annual Targets | Achievement (against Annual Targets) | Planned Activities | Achievements (against activities & actions) | Financial | | |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|-------------|
| | | | | Fund | Budget | Expenditure |
| Development of capacity building strategy and plan for the semi autonomous entity and other National Entities supported | Output 1: Support the capacity building of the national HIV/AIDS entities and implementation of large donor grants | <p>Activity Result 1: Support to semi Autonomous entity and Other National Entities.</p> <p>Actions:</p> <p>i) Implement the capacity development plan developed for HSCB</p> <p>ii) Develop capacity development plan for NCASC/DOHS</p> <p>iii) Draft exit strategy for GFATM programme to hand over the programme to government entities</p> | <p>Capacity Development Plan implemented by HSCB in 2009 and parliamentary bill drafted to make HSCB fully autonomous</p> <p>Capacity Development Strategy drafted for NCASC and is under finalization process.</p> <p>Renovation of NCASC office completed to improve working environment</p> <p>Exit strategy incorporated in the CD strategy developed for the Board and NCASC and will be implemented accordingly.</p> | DFID | 268,432 | 178,799 |
| | | <p>Activity Result 2: Implement comprehensive package for IDUs, MSM/MSWs, Migrants, PLWHA</p> <p>Actions:</p> <p>i) Provide harm reduction services to 5672 IDUs and rehabilitation services to 3420 IDUs;</p> <p>ii) Provide comprehensive service to 18898 new MSM/MSW, 374165 Migrants and 1650 PLHAs;</p> | <p>- 6000+ injecting drug users(IDUs) received harm reduction services</p> <p>- 3400 IDU received detoxification and rehabilitation services</p> <p>- 26677 men having sex with men reached through comprehensive services / IEC/BCC, VCT, STI services, condom and lubricants)</p> <p>1,030,299 migrants and families reached through comprehensive services. The target being set to reach migrant workers for the first time has been reached with over reaching out to more than 3 times of people who include family members (spouse, children of reproductive age); partners of</p> | UNDP | 450,000 | 0 |
| | | | | AUSAID | 65,652 | 0 |
| | | | | DFID | 2,776,981 | 2,867,976 |

| | | | | | | | | | |
|--|--|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------|--|----------|----------|
| | | | | migrant workers, and others who have no relation to migration at all. - 2203 PLHA reached through comprehensive services | | | | 151,318 | |
| | | | | | | | | | |
| | | | | 4. Activity Results: HIV/AIDS care, support and treatment; Procurement of HIV supplies and ARVs Actions: i) Procure harm reduction supplies; | | DFID | | (78,863) | (78,707) |
| | | | | ii) Procure condoms and lubricants | | GFATM | | 485,775 | 506,363 |
| | | | | 5. Activity Results: National M&E system strengthened and Capacity of National networks and partner NGO enhanced. Actions: i) Conduct capacity assessment of NGOs | | | | | |
| | | | | ii) Provide 1 financial management training to NGOs | | DFID | | 96,828 | 95,706 |
| | | | | iii) Support 10 individuals from NGO for training (national/international) | | | | | |
| | | | | iv) Conduct 10 field monitoring visits (joint with PMU) | | | | | |
| | | | | v) 1 consultant hired to strengthen national M&E system | | GFATM | | | |
| | | | | | | | | | |

| | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| | | | | |
| <p>Output 2: Policies designed and initiatives developed to expand employment opportunities for poor youths, women and individuals from socially excluded groups in selected districts</p> | <p>6. Activity Results: Support to Safe Blood Programme Actions: i) Develop a National Safe blood strategy and infrastructure plan; ii) Continue blood safety strengthening activities such as capacity building of lab technicians and delivering equipments for safety blood sampling 7.1 Programme Management Unit cost</p> | <p>under finalization. National web based database system developed both at NCASC and HSCB. The application will be fully functional in 2010.</p> <p>National Safe Blood strategy and Infrastructural plan developed and is under endorsement by MOHP 67 blood centres continued providing blood safety screening activity; conducted trainings for Lab technicians developed a National Plan for Blood Safety.</p> | <p>DFID</p> <p>DFID</p> <p>GFATM</p> <p>DFID</p> <p>GFATM</p> <p>DFID</p> <p>DFID</p> | <p>332,827</p> <p>90,805</p> <p>912,426</p> <p>33,322</p> <p>59,600</p> |
| | <p>8. Activity Results: Support to CCM Secretariat i) Conduct 3 CCM supervision visit to GFATM funded Program sites ii) Conduct 5 CCM meeting 2. Activity Result: Conduct Entrepreneurship Training</p> | <p>Three Supervision and oversight visit conducted by CCM Five CCM meeting conducted</p> <p>Conducted Livelihood skills training to 416 PLHA and Vulnerable groups 240 PLHA and vulnerable groups provided with raw materials and are engaged in micro enterprises</p> | <p>GFATM</p> <p>GFATM</p> <p>DFID</p> <p>DFID</p> | <p>40,187</p> <p>33,322</p> <p>74,144</p> <p>59,600</p> |

c. Results in Gender Equality, Women's Empowerment, and Social Inclusion

Describe results achieved by the project in promoting gender equality, women's empowerment and social inclusion, using the questions below as guidance.

In line with its target to create employment income opportunities and access to financial services, the HIV/AIDS PMU UNDP engaged the Micro Enterprise Development Programme (MEDEP) to provide technical skill development training to the Most at Risk Population (People Living with HIV/AIDS (PLWH), their parents (Family members, relatives or close friends who care for them) and Ex- Injecting Drug Users). Under this programme, 240 people have been trained till 15th Nov. '09 out of which 110 are women.

Till 15th Nov. '09, out of the 1030299 migrant reached through peer education and out reach activities 583894 (57%) were female representing wives or family members of migrants. In total, 33358 people (12968 males and 20390 females) were counseled and tested for HIV out of which 260 people (138 males and 122 females) were tested HIV positive. In total 32921 people (5073 males and 27848 females) were treated for Sexually Transmitted Infection (STI).

Due to stigma, it was difficult to reach out to women injecting drug users (approximate number of women injecting drug users in Nepal is unknown). Out of 1,434 IDUs who enrolled in the detoxification and rehabilitation centres, only 55 were women (4 per cent). Out of 349,798 needles and syringes distributed to IDUs for harms reduction, only 48,070 (14%) were for women. In the harm reduction component out of 2559 people reached 30 (1%) were female. Women remain reluctant to find out their own HIV sero status anticipating stigma of being sexually active outside the sanctity of marriage. Though challenge remains in covering large number of infected women through the care and support program, there has been significant increase in the number of female being admitted into the care centers. As of September 2009 1263 out of 2203 clients (58%) are females which shows the ratio of women assessing services is increasing over the year.

d. Other Results contributing to the Output and/or Outcome

The HIV/AIDS PMU continued the implementation of the comprehensive program. During 2009 the HIV/AIDS PMU implemented 85 projects in 70 districts and had partnerships with 50 partners. The activities implemented ranged from information and awareness; peer education; Voluntary Counseling and Testing and sexually Transmitted Infection services; harm reduction; rehabilitation; and care & support to people living with HIV/AIDS to safe blood supply and livelihood training. The services were primarily provided to the mobile population and their families; injecting drug users, prison, men having sex with men and male sex workers.

The project is also working with 65 Community Based Organizations that are under the Nepal Association of People Living with HIV/AIDS and 45 Partners Service Fellowship (PSF) partner with IDUs with the objective of building their management and program delivery capacity.

The downsizing of assistance to the NGOs has emphasized upon the need to increase the efficiency and look into controlling the cost.

2. Support to Youth initiatives

Briefly describe, if relevant, how your project has supported youth. Where possible, provide significant examples and/or data illustrating your points.

UNDP had a program that supported youth initiatives till 2008. This program was transferred to UNICEF that is taking a leading role in implementing programmes related to youth in the HIV/AIDS sector.

3. Contribution to Capacity Development

***Briefly** describe the capacity development strategy of the project, and describe national capacity built over the course of the year, looking at the following elements (This section will provide information for reporting to HQ.)*

In the year 2008, the HIV/AIDS PMU UNDP had used DFID resources in contracting a local management firm "Human Resource Development Center (HURDEC), to formulate a number of guidelines for the Board, developed ToRs for different parts of the Board and a couple papers were written clarifying the role of HSCB vis-à-vis NCASC. This was followed by the hiring of a Management agency to provide support to the board in 2008 and recruitment of staffs to analyze the HIV response in the country. In 2009 the HSCB was awarded a grant to cover its operational cost that includes the salaries of the staffs recruited. The Capacity Development Strategy and Implementation Plan of HSCB were developed in early 2009 and implementation started in March, 2009 throughout December, 2009. An Exit Strategy has been built in the capacity development plan of HSCB which will be part of the CD implementation plan.

The HIV/AIDS PMU has developed a Capacity Development Strategy for NCASC. An International Consultant and an UNV was hired to develop a Capacity Development Plan for NCASC so that it could be one of the PR for the Global fund. The draft plan was developed and will be validated by NCASC within early 2010 by the NCASC team to be implemented next year.

In order to develop a National HIV/AIDS database System, a National database has been installed into at NCASC and HSCB. Through this the nation will be able to generate uniform data from all service delivery sites.

4. Partnerships / South-South Solutions

UNDP has entered into partnership with other UN agencies to implement some of the components as per the UN division of labor. ILO was contracted from January '09 to September '09 to carry out specific activities with the Ministry of Labor and with migrants abroad. During the period ILO developed a curriculum covering nine different topics for an orientation programme for migrant workers that was also supervised by them. ILO also developed a trainer's manual on HIV/AIDS for migrant worker and conducted four events of 5-days ToT on HIV/AIDS for Migrant Workers. In total 101 trainers were trained from District Administration Offices, recruiting agencies and Nepal Health Professional Federation. Besides, ILO also developed a software to keep records of migrant workers and it was installed at the Department of Foreign Employment. Two short movies "Shubha Yatra" and Kanchan" were produced and screened among the stakeholders and 17 radio programmes developed and broadcasted through 8 local FM stations in the programme districts. Altogether 755 participants were advocated through 25 advocacy programme on HIV/AIDS and safe migrations were conducted through the General Federation of Nepalese Trade Unions in 3 districts. Hoarding boards and information boards on HIV/AIDS and Safe Migration were installed and BCC materials produced and distributed.

An International Consultant was hired for 7 days to support a Local Software Development Company develop a National HIV/AIDS database design according to the country system and needs, incorporating

feasible and appropriate technical specification,. During his visit, he conducted meetings with the Local Software Development Company – Yomari Pvt. Ltd; the PMU, the NCASC and the HSCB along with UNAIDS and WHO to discuss and finalize the proceedings for the database development. He also developed a framework with detail specification of data needs as well as recording and reporting formats, prepared field reports with recommendations for future steps.

An International M&E Consultant has been hired from India for 3 months to develop a National M&E Curriculum and conduct a ToT for 25 Trainers on HIV M&E, develop a Quality assurance system for M&E in place, including clear data verification and auditing guideline, M&E plan for HIV for the HSCB. During his consultancy period, the consultant developed a Quality Assurance System for M&E; an M&E plan for HIV for the HSCB and drafted the National M&E Curriculum that included 8 different modules. Since the modules required revision by the National System and due to the change in leadership in the NCASC the modules could not be revised on time thus delaying the ToT till January 2010.

5. Implementation Challenges

- a. High staff turn over has hampered the programme in its delivery. In 2009 5 staff from HIV/AIDS PMU left on getting long term opportunities and better positions.
- b. Frequent changes in the leadership in the government/semi- autonomous entity has hindered creating an understanding of the issues and interpretation of the policies and delayed decision making.
- c. Frequent strikes and closures in the country has disrupted in the implementation of the project activities by hindering programme staff from making frequent field visits, by hindering conducting mobile camps and awareness raising activities at the community level.
- d. Due to lack of qualified professionals and weak management capacity in the SR's at the district level, quality of the programme is being affected both at programme implementation and reporting levels.
- e. Since SRs do not submit progress reports (programme and financial) on time, HIV/AIDS PMU UNDP has been facing delays in financial disbursement. In order to address this problem the list of NGOs not complying by the programmatic obligations have been listed down and finance disbursement done to only those that have been submitting the reports on time.
- f. Limited contract duration has hindered the NGO partners in gaining ownership over the programmes supported by UNDP
- g. Lengthy LTA processes which were compounded by lack of adherence to the parameter by the NGOs in the submission of their proposals in programme implementation
- h. Sustainability of the HSCB is uncertain since all staff of the Board are externally recruited and are 100% paid by donor funds. This will not help in building up the capacity of the Government.
- i. Due to regular changes in the government leadership and lack of any plans to supply drugs, there has been untimely delivery of drugs and supplies in the remote villages and districts thus hampering programme implementation
- j. Donor's commitment for funds on an annual basis brings about high transaction costs and uncertainty in programming which affects programme activities implementation.

6. Lessons learned and next steps

- Capacity development of national entities is a daunting task when there are no governments paid counterparts, when positions are vacant for a long time (more than 3-4 weeks), no delegation of authority, etc. Hence it seems necessary to continue technical assistance to Ministry of Health and

population and other entities until government mechanism is found fit to handle large donor grants independently

- The HIV/AIDS PMU needs to focus more on the quality aspects of the project implementation particularly relating care and treatment services. With the downsizing of partners and the quality of reports being received so far, the programme needs to focus more on improving the recording and reporting system.
- In order to be capable enough to deal with the strikes and closures a contingency plan or a plan needs to be developed by HIV/AIDS PMU beforehand so as to meet with the programme delivery on time.
- Since limited contract duration hampers in assessing and analyzing the performance of the counterparts, UNDP should focus on having long term contract with donors to have an effective impact of the programme over the targeted beneficiaries or donors should be encouraged in committing funds for a longer period.
- Integrate the livelihood program for infected, affected and vulnerable population with the comprehensive package programme.

7. Implementation Status of DEX or NEX Audit Action Plan (if applicable)

| Audit areas – Findings | Impact Severity | Target date for implementation | Implementation Status (Implemented, Partially implemented, not implemented) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Enhancement of Atlas knowledge/Training needed of Finance Staffs | Delay in updating the Atlas. | July 2009 | Knowledge of staff on ATLAS has been improved however periodic training will further ensure proper recording of financial transactions. |
| Lack of monitoring and explanation for under & over utilization of expenditures to particular activities in comparison to Last Approved Budget | Donor relationship / project performance / budgetary control mechanism | Ongoing | Started to generate quarterly progress reports, analyzed the variances, discuss in project board and re-plan for subsequent period. |
| - Refund not yet received from NGOs - NGOs, whose contracts were not extended, had not refunded unspent funds within time limit as stipulated in agreement. | Excess payment may not be recovered | December 2009 | Disallowed costs and unspent funds were adjusted in subsequent payments to NGOs having ongoing agreements with UNDP. In the case of discontinued NGOs, most of the disallowed costs and unspent funds have been recovered. |
| - Inventory procured by NGOs neither returned back nor transfer of title took place | Resource of project / Loss of property | December 2009 | Out of 12 NGOs, process of handover has been completed to 10 |

| | | | |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------|------------------------------------------------------------------|
| | | | NGOs. 2 NGOs have ongoing project agreement with UNDP. |
| Direct Expenditure Report (DER) does not contain enough of Information on transaction. Negative balances in fund code | Accountability /Reliability | December 2009 | Being a system issue has been discussed with UNDP HQ and solved. |