Nepal Initiative

Assistance for an expanded rights-based response to the concentrated HIV/AIDS epidemic in Nepal

(NEP/00/013)

A project of His Majesty's Government of Nepal implemented with the cooperation of the Governments Australia, the United Kingdom, United States of America, UNAIDS & UNDP

EVALUATION REPORT

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The evaluation team wishes to acknowledge the assistance of many people in the production of this report. The evaluation required consultation with all of the project's stakeholders who were willing to provide valuable comments and feedback. The Minister of Health for His Majesty's Government of Nepal met with the team and provided very insightful views on the project and the future of the HIV/AIDS response in the country.

The team also consulted a number of senior government officials. Their openness and helpful comments on various aspects of the Nepal Initiative as did the discussions held with major donor representatives. The donor representatives and executing agent gave freely of their time and provided the team with helpful and constructive comments on the Initiative and suggestions for the future.

Despite the limited time available the team was able to undertake some field visits and interact with stakeholders and partners, many of whom work long hours supporting and promoting the goals of the Initiative.

The team is extremely grateful to the support and sound advice provided by the UNAIDS and UNDP team who also guided us to our meetings and provided the necessary logistical and other support.

Despite all of this assistance and as an independent evaluation, the authors must accept responsibility for any errors of fact, misunderstandings or omissions in this report.

TABLE OF CONTENTS

EXECUTIVE SUMMARY

1. This is a report of an evaluation of a one-year project entitled *'Assistance for an expanded rights-based approach to the concentrated HIV/AIDS epidemic in Nepal – NEP/00/013'*, which became better known as simply the 'Nepal Initiative'. The project was designed as an immediate response to the concentrated HIV/AIDS epidemic in Nepal, to bridge the time needed to develop and resource a new national strategy.

2. The Nepal Initiative is a multi-donor cost-shared UNDP project (DFID, UNDP, UNAIDS), with parallel funding from USAID and AusAID. The project was originally expected to start in April 2001 but because of the need to resolve a number of institutional/administrative issues relating to its implementation modalities, the project did not effectively begin until September 2001.

3. The key objectives of this study are to:

(i) Provide a grounded analysis of the Nepal Initiative, with special emphasis on results-achieved, contractual arrangements, communication flows and decision-making mechanisms

(ii) Assess available options and modalities to reconfigure the Nepal Initiative to assist His Majesty's Government of Nepal in the implementation of the National HIV/AIDS Strategy.

4. The evaluation study was undertaken by a team of international and local consultants during the period 2-13 September 2002 and included consultations with the Minister of Health, key Government officials, non governmental representatives, partners and key stakeholders including representatives of donors that were supporting the Nepal Initiative. The evaluation also included field visits to project sites to meet with vulnerable groups and a review of appropriate documentation.

5. In taking stock of the strengths and weaknesses, obstacles and opportunities of the implementation of the Nepal Initiative it was confirmed that despite a delay in the start of the project and a number of institutional and management arrangements, that impacted on some of the general perceptions of the project, the project was a success. In particular, it has raised the awareness of the need for an expanded response and, through the identification of an expanded number of potential partners outside of the public sector, it has successfully laid the foundation for the implementation of the National Strategy 2002-2006. Research and improved surveillance has enhanced the understanding of the epidemic in Nepal. Work undertaken over the last twelve months with vulnerable groups has also raised expectations for a more concerted effort in the future to expand the responses to the epidemic.

6. A review of the project performance identified the following key issues:

Strengths:

- Increased acknowledgment by the Government and the community of HIV/AIDS threat
- Willingness in the community to discuss sensitive issues more openly
- Identification and expanded capacity among NGOs and community groups for implementation

- Improved knowledge about the epidemic through formative research and improved surveillance
- Improved coordination among partners working with vulnerable groups
- Support for finalization of the National Strategy 2002-2006

Weaknesses

- Project design was too ambitious in a context of limited political commitment and community understanding of the threat
- Insufficient recognition of capacity constraints in NCASC, partner NGOs and other stakeholders
- Lack of perceived ownership by Government
- Assignment of multiple roles to the executing agency (FHI)
- Delayed procurement and delivery
- Inadequate delineation of roles of the National Project Director (NPD) and executing agency
- Short timeframe - restricted opportunities for results –based programme approach
- Size of steering committee and an understanding of its functions

Obstacles

- National conflict that has impacted on Government commitment and operations of some partners
- Staff turnover and uncertainty within NCASC delayed project start-up
- Lack of clarity over roles of NPD and executing agent
- Confusion among some over the role of project – an 'emergency' versus laying a foundation for expanded response
- Lack of clarity around legal issues surrounding harm reduction

Opportunities

- Increased political acknowledgment and support for an expanded response
- Good foundation for input into more accurate costing and time required for the delivery of expanded response
- Research and surveillance has improved empirical evidence for scaled-up response
- Demonstrated donor commitment to a coordinated response
- Potential for regional cooperation/integration

7. For the immediate future it is vital that there is no interruption to a number of the project activities and while the project has 3 months to run there is a need for a decision almost immediately on likely support from 1 January 2003. Of foremost importance will be to ensure that whatever is proposed by way of a coordinated donor response is that it support, and is set within the framework, of the National Strategy 2002-2006

8. It is also important that over the next few months greater clarity is provided on the proposed institutional arrangements as outlined in the National Strategy and that a realistic assessment of what is possible by 1 January 2003 is made. There is recognition that even if the institutional and structural arrangements can be agreed and that there is a functioning NAC and NACC there will

still be a need for further work to ensure that the capacity constraints of NCASC are effectively addressed. It must be recognized that the transformation of the NCASC cannot be achieved in the short term and that it will require considerable support from the donor community.

9. The following are some of the key lessons that have been learned through the implementation of the one-year project:

- Importance of fostering 'ownership' by HMG Nepal
- 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 align with the management and reporting operations of the Government
- Behaviour change interventions targeting populations vulnerable to HIV infection are more effective where there is 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 and 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 mobilise Nepal government 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

10. Against this background the Evaluation team makes the following recommendations:

1) That a coordinated donor- supported project be continued from 1 January 2003 and that it be fully integrated into the Government's national response to the HIV/AIDS epidemic as identified in the National Strategy 2002-2006;

2) In view of the continuing uncertainty about the institutional arrangements for the delivery and management of coordinated donor support to the national response to HIV/AIDS there is a need for a transition phase of at least 24 months from 1 January 2003;

3) The transition phase project be designed around two main components:

   - ✓ Continuation, and where appropriate, scaling-up of activities under implementation in the Nepal Initiative, but with the requirement that all activities must be drawn from the first result oriented and fully costed annual plan for the National Strategy and must promote an holistic approach to development that reduces the vulnerability of target groups to high-risk behaviour; and
   - ✓ Skills development and capacity building for the NCASC. With activities for this component developed from the recommendations of the second mission of the

international consultant (Malcolm Steinberg), who prepared the report on the reform and strengthening of the NCASC in June 2002);

4) The work programme be developed as a part of the work to be undertaken in the near future on the first result-oriented and fully-costed annual plan for the National Strategy;

5) The role of the NACC, with respect to monitoring the National Strategy, be focused on ensuring that the results-based work programme is achieved, within a previously agreed budget, in any one year. The focus is on monitoring outputs using previously defined indicators;

6) Careful attention is paid to ensuring that the capacity constraints of all those involved, including but not exclusively the NCASC, in the expanded response are addressed in the next phase of support to the National Strategy;

7) The execution responsibilities be split for a transition phase, with NCASC given as much responsibility as feasible for the execution of projects and with an appropriately qualified private organization or NGO, such as FHI, being retained for programmes directed towards sex workers and IDUs as well as other areas where they have prior experience or demonstrated capacity;

8) The project Steering Committee be abolished from 1 January 2003 with project management oversight being the responsibility of the NACC;

9) The flexibility that already exists in donor funding arrangements be retained. In the view of the Evaluation team it is important for the immediate future to separate decisions on execution arrangements from the funding mechanism. By redefining the execution arrangements a number of the ownership concerns have been addressed and hopefully this allows time during 2003 for the mechanism options to be fully considered before a final decision on arrangements is made.

Part 1: Introduction

A. Report Objectives

1.1 This is a report of an evaluation of a one-year project entitled *'Assistance for an expanded rights-based approach to the concentrated HIV/AIDS epidemic in Nepal – NEP/00/013'*, which was originally given the short title *'Response to HIV/AIDS in Nepal'* but became better known as simply the 'Nepal Initiative'. Elsewhere in this report, where reference is made to the project title, the 'Nepal Initiative' will be used. The project was designed as an immediate response to the concentrated HIV/AIDS epidemic in Nepal, to bridge the time needed to develop and resource a new national strategy. It is a multi-donor cost-shared UNDP project (DFID, UNDP, UNAIDS), with parallel funding from USAID and AusAID. The project was originally expected to start in April 2001 but because of the need to resolve a number of institutional/administrative issues relating to its implementation modalities, the project it did not effectively begin until September 2001.

1.2 The key objectives of the study are to (i) provide a grounded analysis of the Nepal Initiative, with special emphasis on results-achieved, contractual arrangements, communication flows and decision-making mechanisms; and (ii) assess available options and modalities to reconfigure the Nepal Initiative to assist His Majesty's Government of Nepal in the implementation of the National HIV/AIDS Strategy. With these objectives in mind the Evaluation sought to:

- take stock of the strengths and weaknesses, obstacles and opportunities of the implementation of the Nepal Initiative;
- make recommendations for the future integration of effective responses for vulnerable groups as part of support to the implementation of the draft National Strategy; and
- propose modification in the management, funding, implementation and monitoring and evaluation of donor support to the draft National Strategy recognizing the work already done on proposed institutional structures for the management and implementation of an expanded response in Nepal.

1.3 In line with the guidance provided in the UNDP Results-Oriented Monitoring and Evaluation Handbook, specific attention was given to aspects of national ownership; management capacity of government and implementing agencies; effectiveness of the potential execution modalities; appropriateness of the mix of types of assistance from bilateral donors, UNDP and United Nations specialized agencies to strengthen national implementation and monitoring and evaluation capacities; and proposed alternative funds management mechanisms referred to in the draft National Strategy.

1.4 The list of Abbreviations and Acronyms used in this report are at Annex 1 with the Terms of Reference for the study at Annex 2.

B. Team and Scope of Study

1.5 The report was prepared by an independent team of both international and local expertise and followed consultations with the Minister for Health, key stakeholders in Government and the National Centre for AIDS and STD Control (NCASC); Family Health International (FHI) as the

project execution agency; a number of the implementation agencies; the Head of the UN Theme Group on AIDS, UNAIDS, UNDP, AusAID, DFID and USAID.

1.6 As part of the study field visits were undertaken to allow for first-hand review and consultations with individuals in partner organizations and groups of the National Initiative. A mission schedule is at Annex 2.

1.7 In preparing the report the team reviewed a number of documents, both generated by the project as well as other material produced by UNAIDS and others. A full list of the documents reviewed is at Annex 4.

1.8 At Annex 5 is the debriefing presentation made by the team at the conclusion of the mission.

C. Background

1.9 The Nepal Initiative was designed to provide an immediate response to the concentrated HIV/AIDS epidemic in the country and act as a forerunner to the design and provision of interventions of sufficient scale to address the needs of the most vulnerable groups. It was anticipated that the project would (i) build capacity; (ii) advocate for a supportive environment; and (iii) initiate activities related to risk and harm reduction. The project was also expected to assist in laying the foundations for an expanded response, developed through a revised or updated National Strategy on HIV/AIDS for Nepal.

1.10 The *Strategic Plan for HIV and AIDS in Nepal 1997-2001* was recently updated to reflect a number of developments which have taken place in recent years, namely:

- The recent and rapid developments of the HIV/AIDS epidemic in Nepal and responses to it
- Nepal's commitment to the Millennium Declaration Goals (MDGs) and its endorsement of the Declaration of Commitment at the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS of July 2001
- The focus given to HIV/AIDS as a cross-cutting issue affecting national development in the tenth Five-year Development Plan for Nepal
- The need for a continued and expanded, yet flexible, national HIV/AIDS response given the uncertain social and political conditions

1.11 It was anticipated that the project would begin in April 2001 and that its implementation would coincide with the formulation of a National Strategy for the period 2002-2006. As it transpired the project, while being signed in April, did not effectively begin operation until 1 September 2001. The late start combined with largely unanticipated problems with activating a number of the sub-contracts between Family Health International (FHI), the executing agency and its range of local NGO partners resulted in an approval for a four-month no-cost extension on the project until 31 December 2002.

1.12 The additional four-month period provided for project completion provides an opportunity for a number of other actions to take place to allow the transition from a targeted response to a multi-sectoral national response. These actions include the formal approval of the revised National HIV/AIDS Strategy (2002-06); finalization of the proposed new institutional arrangements for oversight of the Strategy; further development of possible new funding and

coordination arrangements for donor support to the Strategy; a fully-costed implementation schedule (or programme of activities) for at least the first year of the Strategy.

1.13 Based on the findings of the study into the progress made so far under the Nepal Initiative, this report identifies a set of actions that will be necessary to move from the limited scope of the Initiative to a coordinated donor support programme for a wider range of results-based activities that will be implemented in the context of the vision set down in the National Strategy. These recommendations focus on ensuring minimum disruption to the activities already undertaken by the Nepal Initiative while promoting national ownership of the decision-making processes. A key to this being the strengthening of the National Centre for AIDS and STD Control (NCASC).

D. National Policy and Planning Framework

1.14 Nepal has had in place plans or strategies to combat the spread of HIV/AIDS since 1988. The first programme, or short-term plan, formed the basis for the first Medium Term Plan for 1990-92 which was then replaced by a second medium term plan for the period 1993-97. In 1993 it was accepted that a multi-sectoral response was required and this led to the establishment of a National AIDS Coordination Committee (NACC) and the appointment of focal points in various sectoral ministries. The NACC was to be a mulit-sectoral body with participation by representatives from both the public and private sector. However, frequent political changes made it difficult to ensure a sustained political commitment and as a consequence the Coordination Committee and hence the role of the focal points never became fully functional.

1.15 In 1995, His Majesty's Government of Nepal adopted a national policy for AIDS prevention that included:

- Priority to HIV/AIDS and STD prevention programmes
- A multi-sectoral and decentralized response
- Acknowledgement of coordinated NGO implemented programmes
- Services for people living with HIV/AIDS
- A non-discriminatory approach and confidentiality for test results
- Blood safety

1.16 The NCASC was formed within the Ministry of Health and given responsibility for implementation of the policy under the guidance of the NACC.

1.17 In an effort to ensure effective implementation of the national policy, the 1993-97 Plan was replaced by the 'Strategic Plan for HIV and AIDS in Nepal: 1997-2001'. This Plan sought to define key activities for each policy objective as well as recognizing that there were several key causal factors for the spread of the infection in the country. These factors included population mobility, both within the country as well across international borders; urbanization; and poverty. Despite this planning and the perceived priority of the issue only a few of the activities were implemented.

1.18 In an effort to improve the implementation rate, work began in 2000 on a highly participatory three-stage process to revise the 1997-2001 Plan. The first was the preparation of a **Situation Analysis** that concluded that:

- Groups already highly affected by HIV/AIDS (SWs and IDUs) must be considered as a priority for immediate targeted interventions
- Other groups, such as mobile populations and young people, were considered highly vulnerable to HIV/AIDS/STI and as a consequence there was a need to design and implement appropriate targeted interventions for them
- The capacity of the institutions involved in Nepal's HIV/AIDS response was limited and this had reduced their effectiveness in managing and implementing interventions under earlier plans

1.19 The second stage was work described as the **Response Analysis.** This built on the situation analysis and recommended that there was a need to:

- Develop a clear national strategy
- Improve political commitment
- Increase the capacity and the budget of the NCASC
- Rapidly increase the coverage of interventions for key target groups (SWs, IDUs and bridging populations) and for an improved response to mobile/migrant populations
- Provide care and support for PLWHA

1.20 The third stage was the preparation of a revised **National Strategy** for the period 2002-2006. Highly participatory work, coordinated by the NCASC, began on revisions to the 1997-2001 Plan in December 2001 and culminated in July 2002 with a revised Strategy for the period 2002-2006. The overall objective of the Strategy is to contain the HIV/AIDS epidemic with five supporting sub-objectives:

1) To prevent STIs and HIV infections among sex workers and their clients, injecting drug users, mobile populations – especially labour migrants to India, men who have sex with men and prisoners
2) To prevent HIV infections among young people
3) Care and support services of a defined quality are available and accessible for all people infected and affected by HIV/AIDS
4) An expanded monitoring and evaluation framework based on serological, behavioural and contextual factors contributing to the spread of HIV/AIDS/STI
5) A dynamic public-private partnership charged with managing and implementing an expanded response to HIV/AIDS in Nepal.

1.21 The National Strategy document provides detail on all five objectives, with an initial attempt to define activities and targets. Leadership for implementation of the Strategy is to be provided through the establishment of the multi-sector National AIDS Council (NAC), under the chair of the Prime Minister. A revamped NACC, under the chair of the Minister for Health, will report to the NAC and have 12 members: 4 government representatives, 2 representatives from the private sector, 4 NGO representatives (including PLWHA), 1 bilateral donor and 1 multilateral organization. The NACC is seen as the main policy making body and the 'Board of Trustees' for the proposed Trust Fund or funding mechanism for the implementation of the Strategy.

1.22 The main 'technical authority' will be a restructured and strengthened NCASC. The centre will be responsible for providing technical advise to the NACC on evidence based policy/strategy, research, monitoring and evaluation, epidemiology and surveillance, STD, and technical assistance to government. Execution of the programme of activities to achieve the Strategy is expected to be out-sourced, under the supervision of the NCASC, to a private entity.

As a complement to the National Strategy each District is encouraged to involve communities in the development of district-level strategies.

1.23 The Strategy document concludes by highlighting the next steps needed to ensure implementation and the realization of the proposed management structure. The issues that need to be addressed include:

- Costing of the strategy. This will be done based on annual targets and average unit costs for specific interventions from Nepal and the region respectively
- Resource mobilization based on the costed strategy
- Detailed operationalization of the management part, including the restructuring and strengthening of the NCASC
- Development of an interim management plan to bridge the time necessary to establish the defined management and financial mechanisms
- Development of the first result oriented annual plan.

1.24 In anticipation of the formal approval of the National Strategy work has already begun on a number of these 'next steps'.

E. Costing of the Strategy

1.25 Based primarily on the experience gained through the implementation of the Nepal Initiative and lessons learned from elsewhere, an initial costing of the implementation of the Strategy has been completed. This analysis suggests that the implementation of the Strategy will cost in the order of USD 51 million over the next five-year period.

F. Resource Mobilization

1.26 External donor support, included continued support from key partners of the Nepal Initiative and the Global Fund for the Fights Against HIV/AIDS, Tuberculosis and Malaria is expected to be significant and based on current estimates will meet the majority of the needs of the Strategy. However much of this support is premised on strong government and private commitment to the implementation of the National Strategy and the setting in place of comprehensive and workable management structures.

G. Reform and Strengthening of the NCASC

1.27 In June 2002 with the assistance of an external consultant[1] work was initiated on the reform and strengthening the NCASC. The need to reform the NCASC is seen as twofold. The first relates to the reform momentum in Nepal that will impact on all aspects of Government business in order to deal with the growing national concerns over prioritization of public expenditure, effective service delivery and good governance. The second arises out of the National Strategy that seeks broad political commitment, multi-sectoral engagement, civil society involvement and a human rights approach. These guiding principles dictate a new response to the epidemic and pose significant challenges to the NCASC, as the body primarily responsible for both providing technical input and oversight into the planning, managing and monitoring the implementation of the National Strategy.

[1] Steinberg, Malcolm (2002). Towards the Reform and Strengthening of the National Centre for AIDS and STD Control in Nepal – Report submitted to the Nepal Initiative.

1.28 The work completed so far highlights the huge task that is involved in transforming the NCASC to meet these dual challenges of reform as well as the limited scope for a resource poor country such as Nepal to support the NCASC through the commitment of significant national budgetary allocations. Donor support for both strengthening capacity as well as for meeting improved performance in the medium term is vital.

1.29 Included in the recommendations/observations of the external consultant's report are a number of issues that will need to be considered in the context of the immediate post-Nepal Initiative situation as well the longer-term support expected by the donor community for implementation of the National Strategy. The following extract from the report highlights some of the issues related to a number of key changes required to meet the reform vision for the NCASC:

> *'If the NASC is going to have a starting chance to function as the pubic sector agency in a multi-sectoral, public/private response then it needs to assume the character of a multi-sectoral unit and be staffed and supported by multi sectoral resources. This calls into question its position in the Ministry of Health, its linkages to other line ministries and its relationship with civil society.*
>
> *This vision for the reform of the NCASC will tend to run ahead of the reform process in Nepal and will require consensus building at cabinet level and at the level of the NAC. It is important that the cabinet sees the opportunity for this initiative to provide HMG with a pilot programme for multi-sectoral development initiatives. The challenge will be to get the HMG to respond to the urgency of the HIV/AIDS by rapidly exploring legislative and other means to establish the multi-sectoral nature of the NCASC and provide it with the mandate to act and the resources to function in a sustained manner. Critical to this will be transparent mechanisms to recruit and retain competent and appropriate staff.*
>
> *One suggestion for fast tracking a reform initiative for the NCASC, put forward by the Minister of Health and recommended independently by an external consultant, is to revamp the NCASC through a Statutory Act of Parliament. The Minister has indicated his commitment to explore this legislative route with the cabinet and will need support to do so. Precedents for this may be found in bodies like the Nepal Health Research Council.*
>
> *It is critical that the Minister of Health's efforts to explore statutory reforms for the NCASC are backed by more concerted thinking about how any legislative developments can promote the total vision of the Strategy. This includes the role and functions of the NAC, the NACC and the Nepal Trust Fund as well as the practical realization of a multi-sectoral response and a public/private partnership. It is recommended that a position paper dealing with these issues, in an integrated way, be urgently commissioned.*
>
> *While legislative reform may help to develop the NCASC, efforts to continue with the reform in the meantime should not be retarded. The legislative route is likely to be tortuous and will depend on a more stable political environment to be sustained and completed. In addition, any legislative reform should not be seen as a solution in and of itself and, as was cautioned by Kshatri (the independent consultant), will*

still need to be accompanied by institutional strengthening and sustained support. It is fortunate that the donor community is strongly committed to assist the NCASC in this regard.'

1.30 With respect to the role and functions of the NCASC, the report highlights two important issues. The first has to do with the positioning of the NCASC and its relationships with stakeholders and the second with the distinction between executive and support activities.

1.31 The NCASC is the pivotal public sector partner in the public/private partnership response to the epidemic and, as such, will need to relate to a number of stakeholders and partners both internal and external. The former include the line function and policy planning sections of the Ministry of Health and other line ministries at national and decentralized levels. The latter include the key entities defined in the Strategy, such as the NAC, the NACC and the Nepal private entity, as well as critical stakeholders in civil society. While the Strategy stopped short of describing these relationships, it is important that these are defined as early as possible.

1.32 While the NCASC has three major areas of responsibility of: (i) strategy, policy, planning, advocacy and mobilization; (ii) surveillance, monitoring, evaluation and dissemination; and (iii) protocols, guidelines, best practices and training, all have elements of both executive and support functions.

Part 2: Project Performance and Key Findings

This section reviews the strengths and weaknesses, obstacles and opportunities of the Nepal Initiative and makes a number of recommendations relating to the best approach for integrating future activities, directed towards vulnerable groups, into a broad-based national response.

A. Design Context

2.1 Before any realistic assessment can be made about the performance of the project it is important to understand the context in which the project was designed. In order to understand this, the Evaluation team reviewed the original project design document and perhaps more importantly interviewed a number of people who actually participated in the design process. These interviews were important for providing insights into why certain design decisions were taken and for alerting the team to some of the issues that are not readily reflected in the project design documents. This provided a greater appreciation as to why the approach taken was adopted.

2.2 The project design process began in 2000, at a time when Nepal was described as having entered the stage of a 'concentrated epidemic', i.e. the HIV/AIDS prevalence consistently exceeds 5% in one or more sub-groups (injecting drug users nationwide, female sex workers in urban areas and returning workers from India). The dynamics of the epidemic are especially dramatic in the Kathmandu Valley, where HIV/AIDS prevalence among these vulnerable groups had increased dramatically in the latter half of the 1990's. Without effective interventions in Nepal, it was predicted that there may well be a generalized epidemic, resulting in AIDS becoming the leading cause of death in the 15-49 years age group.

2.3 Nepal's rapid shift from a low prevalence country to a 'concentrated epidemic', together with a reluctance in the community to address the needs of marginalized and stigmatized groups (whose access to services and information was already restricted) provided the impetus for the project focus and immediacy. The project timeframe was influenced by an understanding that longer-term donor support would eventually need to be aligned with the directions of the comprehensive national strategy that was being revised to reflect the fast changing epidemic.

2.4 The project was also designed on the understanding that the capacity of the NCASC and the institutional arrangements needed to ensure a multi-sectoral response and to promote public/private partnerships would be strengthened over time. The project execution arrangements were designed with the Director of NCASC as National Project Director (NPD) and an international non-governmental organization (INGO) as the Executing Agent. HMG agreed to INGO execution in order to respond quickly to the concentrated epidemic and because it was foreseen that there was a need for INGO expertise and experience in addressing the needs of the marginalized and vulnerable target groups. However, in agreeing to INGO execution it was understood by the government that its leadership role would be preserved through the operation of a Project Steering Committee and the involvement of the NPD in all stages of planning and delivery and that capacity would be built within the government to gradually take over the execution in a longer-term programme.

2.5 The design process envisaged the one-year phase as the first phase of a longer-term commitment and that the focus in the first phase was to include quality assurance and quality control systems, capacity building of government and non-government institutions and an early

establishment of monitoring and surveillance systems. It also identified the need for implementation arrangements to be kept as flexible as possible.

2.6 The project document was signed in April 2001 but implementation did not formally begin until 1 September 2001. The delay in the start-up of the project was regrettable, and while there are differing views as to why this occurred, the primary reason appears to revolve around concerns within Government about the perceived loss of 'ownership' and responsibility by the Government for project implementation under the execution arrangements. Although the process and reasons for INGO execution seemed clear in the project design document (as described above) a key lesson for the future, for both the Government and donors, is the importance of frank and open consultations on the key aspects of the design, well before project documents are prepared for signature. Any changes need to be discussed fully and understood by all parties. It must also be stressed that because of staff movements in the Nepal government administration it maybe necessary to repeat this process from time to time to ensure that new personnel unfamiliar with the background are provided with all details.

B. Progress in Achieving Objectives and Outputs

Development Objective: To prevent the spread of HIV/AIDS into the general population.

2.7 The project was expected to contribute to the development objective by focusing attention on specific target groups and by beginning to address their needs through advocacy, formative research needed for the design of a longer-term strategy, capacity building and activities focused on behaviour change. In the view of the evaluation team good progress has been made on most of these aspects. This result must be commended given the lack of political and community commitment in the past to address these issues, the conflict situation facing the country and the many other constraints encountered by implementers in working in a resource poor country.

2.8 While in hindsight there may be some concerns about the institutional arrangements put in place for project implementation, the prior experience of FHI and other key partners in working with the project target groups in Nepal has been of significant assistance in ensuring the progress that has been made.

2.9 Despite the delayed start-up and an over-estimation of the implementation capacity of a number of the NGO partners, it is clear that significant progress has been made in improving commitment and understanding among the target groups about HIV/AIDS, strengthening the knowledge-base of the Government, donors and other stakeholders about the extent of the epidemic; and laying the foundations for an expanded response, particularly among those groups described as the most vulnerable.

2.10 The Nepal Initiative has also successfully expanded networking between NGOs working in the same field and the work of FHI has improved the knowledge base of those involved in supporting the response to the epidemic in Nepal. The need for FHI to mentor new players cannot be understated and given that this role will only increase in an expanded response it will be essential that careful consideration is given to how this mentoring role can be delivered.

2.11 Through the cluster approach (the selection and support of identified NGOs within a geographical area or cluster) adopted for delivering services to IDUs there has been a very effective allocation of responsibilities among NGO providers, with the important elements of a

programme approach already in place. This approach has fostered the sharing of NGO experience and resources one with the other in each cluster.

2.12 Field visits have confirmed a willingness by the target groups to be receptive to learn more about HIV/AIDS and the importance of them modifying their behaviour. For both SWs and IUDs there is evidence that the project activities have already raised expectations beyond the immediate project objectives. In the case of IDUs there has been some misunderstandings about the strategy of a minimum package of harm reduction services (including the provision of sterile needles and syringes, bleach, condoms, IEC material and basic health care) with some interpreting this as inadequate, believing that to be effective it was important to offer an holistic package, involving also recovery and rehabilitation if the service is to be effective. Given these expectations it will be important that there is no interruption to the services being provided and that additional support for a more comprehensive response to the needs of IDUs is made available as soon as possible. This expanded range of support includes more training for peer educators and outreach workers in effective service delivery, and for NGOs in managing the delivery of services, more drop-in centres, expanded access to IEC and harm reduction materials and trained counselors, and access to drug substitution treatment.

2.13 The respective roles of both the Ministry of Health and the Ministry of Home Affairs in addressing issues relating to IDUs, needs to be recognized. The Ministry of Home Affairs desires to see greater attention given to efforts to reduce the number of people involved in the supply or use of illicit drugs in Nepal. In particular, they desire support in the development of alternative income generating activities to reduce the need for poor farmers to grow and harvest drugs as well better border protection to limit the importation of illicit drugs into the country. This need has emerged since the cessation of the Nepal country program of UNDCP.

2.14 The Nepal Initiative has provided a focus for the fight against the epidemic and while this is generally seen as very positive there is also an ecpressed concern that it not doing enough. In the absence of other activities many have interpreted the Initiative as the Government's Strategy.

2.15 Despite the good progress identified, there was unanimous agreement among stakeholders that the project design was too ambitious. It is suggested that there was an over-estimation of the capacity of the partner NGOs to design and implement project activities with minimum supervision and mentoring, and of the capacity of the NCASC to take on the responsibilities to guide the project were over-stated.

2.16 The lack of capacity within NCASC together with the multiple roles given to FHI has had an impact on the project and the relationship between both parties. There is degree of unease and some misunderstanding about FHI's role as the executing agency. This has resulted from the assumption that the NCASC would play a monitoring role, when at the same time FHI is responsible for managing a sub-contract with NCASC, where the monitoring role is reversed. The situation is made even more complicated when FHI has been required to provide technical support to the NCASC. It is also clear that despite the design emphasizing the important role the NCASC was to play in planning and reporting project progress to the Steering Committee and acting as its secretariat much of this responsibility has fallen to FHI.

2.17 Capacity constraints among sub-contracting partners, delays in procurement and approval of risk reduction materials, as well as a need for FHI to scale-up its own operations to meet the increased demand for mentoring has limited project delivery. The short timeframe for

the project has also affected NGO willingness to participate in activities, with recruitment of staff for short contracts difficult to ensure.

a) Review Against Project Objectives

Immediate Objective 1: To create the necessary enabling environment among policy makers, local authorities and communities for concerted action in HIV harm and risk reduction.	
Output 1.1	Policy makers, local authorities and communities are informed about the need and effectiveness of HIV risk and harm reduction
Output 1.2	Advocacy Strategy
Output 1.3	Regular advocacy information regarding HIV/AIDS is distributed to stakeholders

2.18 The project has contributed to raising awareness among a number of key decision-makers for the need for more urgent action to address the issue of HIV/AIDS. Evidence through public discussion in the media and at public meetings suggests that the people of Nepal are in general more open to addressing ways of taking more concerted action. In the area of advocacy it is always difficult to measure actual project success because there is usually a range of actions over a period of time that leads to a change in popular opinion or the creation of an enabling environment that brings about policy changes.

2.19 In this area there have also been a number of supportive, parallel activities, funded by agencies such as USAID, outside of the Nepal Initiative, that have allowed for more extensive publicity campaigns (second generation campaign promoting condom use for sexual health and the 'face or personality' billboard and media campaign launched to coincide with the soccer World Cup). The Evaluation team also noticed that during field visits that much of the IEC and other material available had been produced through other programmes

2.20 The Nepal Initiative did support the participation of 25 key decision-makers and community leaders at the ICAAP in Melbourne, Australia in October 2001 and this appears to have had a major impact on influencing political and community opinion on issues related to harm reduction and the response generally. The Evaluation team was advised by a number of key people during the mission that they had been impressed or influenced by what they saw or heard at ICAAP or during site visits in Melbourne. The Nepal Initiative also supported an exposure visit for 10 parliamentarians to Sydney, Australia, attendance at the World AIDS 2002 Conference in Barcelona by a team of senior personnel and there are plans in place for another exposure visit by key community leaders to Uganda.

2.21 FHI is at present developing a series of Fact Sheets that will help inform discussion around the response and as well make available to a wider audience the findings of the extensive research that has been undertaken with both Nepal Initiative and other funding. Work is also being undertaken in FHI, in consultation with NCASC, on a document describing the state of the epidemic in Nepal. It is envisaged that this will be eventually reproduced in an attractive format as a means for mobilizing support for the National Strategy. Some funds have also been made available to NCASC for the ad hoc production of advocacy material.

2.22 In the area of IDU there have been a series of activities conducted with the police at the local level in an effort to build support and understanding and a number of NGO partners have invited community leaders to participate in HIV/AIDS harm and risk reduction training sessions.

2.23 While an Advocacy Strategy (Output 1.2) has not been developed many of the elements of a strategy are being put in place. The formalization of a strategy would provide the NCASC and the Steering Committee with a clearer understanding of the direction of the advocacy programme, what works and what does not, as well as assist in identifying any gaps.

Immediate Objective 2:	**To increase behavior change among individuals at high risk for HIV ad STDs, including IDUs, FSWs and their clients**
Output 2.1	Baseline assessment on the capacity for harm reduction among IDU and expanded STI and HIV risk reduction to FSWs and their clients
Output 2.2	IEC and BCC materials developed for each target group
Output 2.3	Increased understanding of risk behaviors of FSW, their clients and IDUs
Output 2.4	Condom social marketing strategy
Output 2.5	Scale up social marketing among target groups
Output 2.6	Appropriate STI care services for FSWs and their clients developed
Output 2.7	Capacity for outreach, peer education, counseling, STI care etc. established
Output 2.8	Definition of quality interventions for harm and risk reduction

2.24 Among the strengths of the Nepal Initiative has been the significant expansion in data and knowledge that now exists concerning vulnerable groups. Much of this research was only possible because of the groundwork and close associations that many of the NGO partners had developed with the vulnerable groups. This information will be critical for developing a better-informed response under the National Strategy. The role of peer educators and others working in the field are making a considerable contribution to informing opinion about the response. Continued acknowledgement of this contribution will be important.

2.25 As noted already, much of the IEC material available at the present time has been produced through other programmes and activities and while efforts are being made by those working with IDUs to produce specific materials for this group , progress has been slow, partly because of the sensitivity of such material but also because of the approval processes that must be followed.

2.26 There has been some work done with Social Marketing Distribution (SMD) using other USAID funding support to launch condom social marketing more effectively in Nepal. This activity has greatly expanded the range of condoms available and increased customer satisfaction with the product generally. However, Outputs 2.4 and 2.5 will be addressed more comprehensively through introduction of PSI into Nepal with USAID funding support. However, the Nepal Initiative has supported an initial programme visit by PSI that included the delivery of a large quantity of condoms. Once PSI becomes operational it is expected that their activities will have a major impact on the overall media and advocacy programme for the National Strategy.

2.27 The Nepal Fertility Care Centre (NFCC), with the support of the Nepal Initiative has been preparing appropriate protocols and flow charts relating to Output 2.6 and preparations are

well advanced for NFCC to support the outreach work of partner NGOs in providing medical support for STIs on a rotational basis to drop-in centres for counseling and treatment (Output 2.7).

2.28 With respect to Output 2.8, national guidelines have been developed (Government approval yet to be given) on substitution therapy with some input from the Nepal Initiative and support continues to be given to the Government as efforts are made to unravel the legal issues surrounding the distribution of needles and syringes. Through FHI, the Centre for Harm Reduction, Nepal is conducting an evaluation of knowledge and practice in service delivery and project management among NGO partners to identify indicators for monitoring and improving the quality of projects.

2.29 By the end of 2002, additional staff training and the availability of consumables will expand IDU contacts and delivery of the "minimum package" to a collective target of 4500 which will have doubled partner organizations' initial coverage (i.e., 2000-4500) prior to the engagement of CHR. With FHI support and collaborative efforts among partners, preparations are also underway for providing more comprehensive harm reduction services to IDUs, including enhanced PHC and oral substitution therapy. However, the definition and assessment of the quality of these and other harm reduction services must be based on the achievement of targeted outcomes measured by planned outputs, rather than only by the assessment of inputs of goods and services.

Immediate Objective 3:	**Enhanced capacity and quality of HIV/STI surveillance systems and their use in key decision making**
Output 3.1	Baseline behavioral (qualitative and quantitative) STD and HIV seroprevalence data among target groups
Output 3.2	Basis for second-generation sentinel surveillance established in Kathmandu and sites beyond

2.30 Extensive work has been undertaken and continues under Output 3.1 in the form of empirical studies of the prevalence of high-risk groups and rates of HIV and STIs, as well as in-depth studies of risky behaviors and contexts among especially vulnerable groups. While progress has been slow in systemizing second-generation sentinel surveillance (Output 3.2) a working group has recently been formed and support is being given to the NCASC by FHI to support this activity.

Immediate 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**
Output 4.1	Overall design for costed scaled up interventions reaching at least 80% of FSW, their clients and IDU in Nepal

2.31 This output is expected to contribute to the design process for a second phase project. It is expected to follow this Evaluation exercise and will be led by the NCASC. The Nepal Initiative through formative research and other activities will provide a very useful information base for this design exercise. However the project's role in meeting this objective will be limited to facilitation of the process to avoid any conflict of interest by FHI or other NGO stakeholders. The Government, with the support of interested donors, will be the primary participants.

2.32 A related but additional output in terms of the Nepal Initiative has been the support provided for the consultation processes conducted as part of the development of the revised National Strategy 2002-2006. This support is understood to have assisted in expanding the consultation process beyond the Kathmandu Valley.

Immediate Objective 5:	**To develop and implement a monitoring and evaluation system to inform the national response and to monitor and evaluate the project**
Output 5.1	Regular feedback to stakeholders and management partners
Output 5.2	Functioning monitoring and evaluation system
Output 5.3	External evaluation report

2.33 While some previous work has been done on the development of indicators, these have needed to be systematically revised to reflect an improved understanding of the epidemic, particularly as it relates to the target groups, as Behavioural Surveillance Surveys (BSSs) have been completed and formative research materials analyzed. The timeframe for the project, in which much of this material is being developed in the course of implementation, has made it difficult to use this data to establish accurate performance benchmarks for the first year. However, it is anticipated that that this information will be used in the development of work plans and implementation schedules for the Nepal Strategy, with a second phase of donor support expected to be an integral part of assisting the Government meet these targets.

2.34 As part of the project reporting system it was envisaged that the NCASC would be the secretariat to the project Steering Committee. However, as has already been indicated much of the planning and report preparation has de-facto become the responsibility of FHI. This situation has in part been a consequence of the lack of capacity within the NCASC and in some respects it has also been unrealistic to assume that the NCASC would be able to maintain a strong oversight responsibility when much of the activity they are expected to monitor and report on is being designed and implemented elsewhere. NCASC, without financial responsibility or capacity to play an informed technical monitoring responsibility, has merely played a clearinghouse role for information provided to the Steering Committee.

2.35 The Steering Committee functions are clearly set down in the design document. However, many members of the Committee regard the Committee as being too large and that many of the participants were unclear about their role. As a consequence, the demands placed on the Secretariat for information, and therefore FHI as the Executing Agent, were not as stringent as they might have been. It is also likely that some Steering Committee members have used informal networks to supplement information available through the formal channels reducing the needs of individuals for improved formal reporting and monitoring through the operations of a more effective Committee.

2.36 It is understood that FHI has put in place very effective management and monitoring tools, based on US Government requirements, which assures strong accountability and financial management. While these rules and procedures have been difficult for some local partner NGOs to meet it is clear that this level of accountability has ensured strong systems are in place for meeting UN and donor reporting guidelines.

2.37 Output 5.3 will be met through the production of this report.

C. Institutional and Management Arrangements

2.38 In taking stock of the strengths, weaknesses, obstacles and opportunities arising from the implementation of the one-year project it is apparent that the most discussed obstacle to the success of the project has been the institutional weaknesses and capacity constraints in the Government system to play a strong leadership and policy role in guiding the project and working within the context of the Steering Committee as equal partners with donors and other stakeholders. This is in part a product of the past, where political commitment to the HIV/AIDS response was limited and where most action, although sanctioned by the Government, was being implemented by local and international NGOs with donor support.

2.39 In this context, there were few alternatives available to the designers of the Nepal Initiative but to proceed with the need to address the immediate response while action was taken (some within or as a consequence of the Nepal Initiative and others independently). At the time of the Evaluation, a stage has been reached where there is real opportunity to readdress the balance of management and policy responsibility. The National Strategy is about to be formally approved, work is advanced in identifying roles and responsibilities for the NAC, NACC and NCASC and work is underway on costing a scaled-up multi-sectoral response as defined by the National Strategy. With respect to the roles of the NCASC it is recognized that it will take sometime to build capacity; that there is a need to address issues of sustainability and staff turnover through giving the Centre greater autonomy within the Ministry of Health; and that there is a need to rationalize the expectations placed on the Centre with options for outsourcing the implementation management role to the private sector. The Government has also recognized the limitations of its own financial management systems to effectively deliver and monitor funding to a wide range of partners and is exploring the potential for establishing a Trust Fund for this purpose.

2.40 It is recognized that it will take some time for these institutional arrangements to become a reality and that while work can begin immediately to address the capacity issues within the NSCASC it will also take time for the Centre to effectively take on the roles defined for it in the National Strategy 2002-2006. Against this background the Evaluation team has been requested to:

1) Recommend the best possible integration of current initiatives for vulnerable groups into future programme activities in line with the National Strategy.

2) Propose concrete steps and/or modifications in the set-up of the Nepal Initiative to serve as a transitional mechanism in support of the National Strategy

2.41 These two issues will be covered in the next section of this report.

D. Lessons Learned

2.42 The following are a number of the key lessons that have been learned through the implementation of the one-year project together with a number that have been drawn form international experience. While the following list is not exhaustive it is expected to help inform the design of the next phase of donor support:

- Importance of fostering 'ownership' by the Nepal 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 development programs
- An effective country response to HIV/AIDS/STI is more likely where there is a multi sectoral and partnership approach, involving government (at all levels and across all sectors), NGOs, communities, PLWHA, health professionals/workers and research and academic institutions
- There is a need for careful and open consultations with Government and other potential stakeholders to ensure that there is a full understanding not only of the written document but also the intent of the proposed design
- The project management and reporting arrangements must be clear and well understood and as far as possible align with the management and reporting operations of the Government
- The project must be designed in the context of the National Strategy, with outputs and indicators in accordance with the work plans designed to meet the Strategy objectives
- The project must be seen as part of a broader contribution to the National Strategy, with the NCASC responsible for monitoring and reporting on all aspects of the implementation of the Strategy to ensure that all partners and stakeholders are aware of how their own contribution is assisting to meet the broader objectives.
- Behaviour change interventions targeting populations vulnerable to HIV infection are more effective where there is strong participation by members of the populations being targeted, including disadvantaged, marginalised and mobile populations such as labour-related mobile populations, direct and indirect sex workers, street kids and injecting drug users. Also included in situations of gender disadvantage are young and married women
- To be effective, partnership arrangements need to be based on a clear understanding of roles, responsibilities and accountability, and ongoing and effective communication to resolve problems
- Technical assistance should respond to specific needs, and be sourced in ways identified by or acceptable to the recipient country
- Effective capacity building is linked to direct action at country level and country identified priorities, and utilizes models which are culturally relevant
- Effective capacity building requires sufficient time and 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 in order to mobilise Nepal government 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.

Part 3: Conclusions and Recommendations for the Future

The evaluation led to a number of conclusions and recommendations that are intended to inform the implementation of the project during a second phase.

A. Project Continuation and integration in line with the National Strategy

3.1 There was very strong support for the continuation of a project that provides a basis for coordinated donor support to address priorities in the national response to the HIV/AIDS epidemic in Nepal. Despite some concerns over the management and institutional arrangements, these were outweighed by a need for continued and uninterrupted support to the target groups. A key outcome for the future will be to build greater national ownership and in this regard it is concluded, that a future project title should reflect its duel roles of (i) its support being an integral component of the effective implementation of the National Strategy 2002-2006; and (ii) capacity strengthening for the NCASC.

3.2 At this point in time it is not possible to predict how effectively the major changes envisaged in the National Strategy will be developed and absorbed into the existing structures of the Government. However, it will be critical that donor support is provided to encourage and promote sound changes that bring an improved level of ownership and commitment to the implementation of the National Strategy, while at the same time continuing their much needed support to the implementation of activities identified in the National Strategy.

3.3 As is highlighted in the previous section a number of the institutional arrangements that impacted on project implementation are to be addressed. While the National Strategy suggests what these arrangements might be and other work, supported to some extent by the Nepal Initiative, is being provided to assist with these processes, it is recognized that some of these institutional processes will take time to come into force. It is also clear that the capacity building required within the NCASC cannot be achieved in the short-term and will no doubt require a sustained effort throughout the life of the National Strategy.

3.4 In order to ensure minimum disruption it will also be necessary to clarify the role of the current partners as quickly as possible as they have current contractual and other obligationsFor FHI, it has been indicated that decisions on their future role are required as soon as October 2002 in order that they can meet their reporting, accountability and other obligations.

3.5 Against this background it is **recommended** that a donor-supported project be continued from 1 January 2003 and that it be fully integrated into the Government's national response to the HIV/AIDS epidemic as identified in the National Strategy 2002-2006.

B. Transition Phase

3.6 The uncertainty surrounding a number of issues that impact upon the national response (eg national security and the poor state of the Government finances) is likely to impact on the speed with which decisions can be reached on a number of the institutional aspects. To avoid disruption to the current components of the Nepal Initiative it is proposed that there be a transition phase, which has the overall objective of maintaining coordinated donor support for

responses initiated during the Nepal Initiative, while at same time establishing benchmarks for graduation to a fully Government managed National response.

3.7 A key first step will be the integration of donor support into the implementation of the National Strategy. In this respect the transition period is not so much about ensuring an adequate time period for integration of activities but is more related to ensuring the institutional arrangements are robust enough to allow NCASC to eventually take on the complex responsibilities of providing technical expertise and overall management of a multi-sectoral response and that there is adequate time to implement the preferred funding mechanism.

3.8 The proposed transition phase is expected to allow for significant steps to be taken in meeting the new institutional arrangements set down in the National Strategy. The successful completion of the necessary legislative and other requirements will take some time but more importantly the transition phase must allow for the strengthening of the NCASC and its capacity to fully absorb the roles and responsibilities expected of it under the National Strategy.

3.9 The length of the transition phase must be guided by a number of imperatives and recognize the changes which must be committed to and action taken on to provide an alternative to the current execution arrangements. It is understood that the legislative changes for the operation of the executive arm (reconstituted NACC) of the newly established NAC and more importantly NCASC maybe be achieved more expeditiously through the approval of an appropriate Ordinance at Cabinet level. However, it must also be recognized that this process may still take some time. The structural and other changes proposed for the NCASC will need to be managed carefully and approved at the highest levels of government. In this situation and based on past experience in Nepal it will be important that the design of the transition phase does not underestimate the time required to give effect to these changes.

3.10 Of equal importance is the need for adequate time to be given to build capacity within the NCASC and among other sub-contracted partners. In both cases it is important for donors to understand that such capacity cannot be built through the provision of short–term technical assistance programmes. Evidence from elsewhere suggests that the process of capacity building must be set against the vision for the organization and be sustained to allow the shift in culture and commitment of staff to emerge. This is of vital importance in the case of NCASC, where a shift in the culture of work for staff will be needed to promote mutli-sectoral approaches and where planning, management, monitoring and evaluation will replace responsibility for implementation.

3.11 A third important issue that impacts on the decision regarding the length of the proposed transition phase, and one that was learned during implementation of the Nepal Initiative, is the importance of ensuring the engagement of partners for an adequate length of time to allow them to build and grow. Existing partners and potential new partners must be assured that in embarking on new activities they can be assured of a reasonable continuity of support. This is important with all projects but extremely vital for HIV/AIDS interventions where the target groups are already considered vulnerable. Finally, it must be acknowledged that behaviour change cannot be achieved without sustained and concerted effort. This cannot be expected in a six or twelve-month timeframe.

3.12 Based on the above, and subject to the development of a fully documented work programme (see following paragraphs) it is **recommended** that the transition phase be for 24 months from 1 January 2003.

C. Project Components

3.13 The proposed transition should continue to focus on those activities already under implementation in the Nepal Initiative with the addition of a specific component to address the need to strengthen the NCASC. With respect to the continuation of activities at present under implementation through the Nepal Initiative it will be important that a number of the activities be redefined to ensure an holistic approach to ensure provision of services beyond those of the prescribed 'minimum package' of services. It will also be important that as part of this exercise careful account is taken of other activities that may be being developed through alternative sources to avoid duplication and overlap. The skills development and capacity building requirements for the NCASC can be drawn from the recommendations of the second mission of the international consultant who prepared the report on the reform and strengthening of the NCASC in June 2002 (Malcolm Steinberg).

3.14 Formulation of the transition project design should, also where possible, promote and encourage linkages to broader development efforts that provide alternative income generation or promote alternative lifestyle change options for vulnerable groups. The primary target groups of the National response, must given opportunities to reduce their vulnerability to circumstances that expose them to high-risk behaviour. Peer education and counseling as part of a full range of options to change behaviour of those involved, are important. However, these groups must also be given opportunities to make significant lifestyle changes. In the case of drug use there is a need for parallel programmes to address issues surrounding the growing of drugs, the illicit trade in drugs across the country's border and the trafficking of drugs within Nepal. These are national development issues and highlight the links that must be made between work undertaken in response to the National Strategy and the implementation of the Tenth National Development Plan.

3.15 It is therefore, **recommended** that the transition phase project be designed around two main components:

- Continuation, and where appropriate, scaling-up of activities under implementation in the Nepal Initiative, but with the requirement that all activities must be drawn from the first result oriented and fully costed annual plan for the National Strategy and must promote an holistic approach that reduces the vulnerability of target groups to high-risk behaviour; and
- Skills development and capacity building for the NCASC. Activities for this component developed from the recommendations of the second mission of the international consultant who prepared the report on the reform and strengthening of the NCASC in June 2002 (Malcolm Steinberg).

D. Work Programme

3.16 A detailed work programme should be developed as a part of the work to be undertaken in the near future on the first result-oriented and fully-costed annual plan for the National Strategy. As the work programme for the transition phase is to be set in the context of the National Strategy it will be important that the indicators for measuring its performance are the same as those to be used for the Strategy. These indicators should also be consistent with those developed for monitoring the performance of the National Development Plan (where HIV/AIDS is given priority) and the Government's annual budget designed in support of the Development

Plan. It is understood that as this process is led by the National Planning Commission, it is important that the Commission be involved in the process.

3.17 Implementation should be monitored on the achievement of agreed outputs against the indicators with less emphasis placed on monitoring inputs and more on measuring performance. This will be important in defining the roles of the key players in monitoring the implementation of the National Strategy and how this role differs from that of managing the sub-contracts and monitoring the performance of the implementing agents sub-contracted to deliver a range of activities designed to meet defined annual outputs.

3.18 It is **recommended** that the work programme be developed as a part of the work to be undertaken in the near future on the first result oriented and fully costed annual plan for the National Strategy.

E. Role of NAC Executive (NACC)

3.19 The National Strategy highlights the establishment of the National AIDS Council (NAC) under the chair of the Prime Minister as the ultimate policy guiding body for the Strategy. It is understood that this high level group will meet once or twice a year to provide guidance to the implementation of the National Strategy as it sits within the framework of the Tenth National Development Plan. In support of the NAC there is to be an executive committee formed under the chair of the Minister of Health. This NAC Executive group is referred to in the National Strategy as the reconstituted National HIV/AIDS Coordinating Committee (NACC). This committee will meet more regularly and have two key responsibilities: (i) to provide policy and technical oversight for the implementation of the National Strategy; and (ii) act as the trustees for the proposed national Trust Fund.

3.20 In line with the earlier discussion on monitoring performance, it will be the role of the NACC, on advice from the NCASC, to monitor the performance of the annual work programme of the National Strategy. This Committee will focus on setting the objectives, outputs and budget targets for any one year and receiving quarterly reports on progress made against the achievement of these outputs. The annual work programme for the National Strategy will clearly define where resources are to be allocated for the achievement of outputs; and where possible identify the source of funds. This may mean some outputs are to be implemented with a single source of funding while others will be achieved through a combination of funds. The important point being that the NACC will receive advice on all outputs expected in any one year and how the achievement of these is to be funded. The annual budget for implementation of the National Strategy must include advice on the source of all funds, including that provided from the Government Budget, those from the coordinated donor programme as well as that expected to be provided through other external donor sources.

3.21 Based on the experience of the Nepal Initiative Steering Committee, it is envisaged that the quarterly reports of the NCASC to the NACC on the performance of the National Strategy annual work programme should be 'exception' reports only. This means that the NCASC would only report to the NACC on issues that had resulted in a deviation from the work programme that had impact on the achievement of a particular output or where progress had been stalled or where intervention of the NACC was required to ensure that a particular output was achieved as scheduled.

3.22 It is **recommended** that the role of the NACC, with respect to monitoring the National Strategy, be focused on ensuring that the results-based work programme is achieved, within a

previously agreed budget, in any one year. The focus should be on monitoring outputs using previously defined indicators.

F. Capacity Constraints

3.23 A separate consultancy is considering issues surrounding the structure and function of the NCASC. However, during the course of its work, the Evaluation team became aware of a number of issues related to this matter that impact on how the transition phase of coordinated donor support to the national response might proceed. It would appear that in line with the National Strategy there is growing support for that the provision of a greater degree of autonomy of NCASC within the Ministry of Health. Under these arrangements this would see the Centre would have a greater level of flexibility to recruit and retain staff.

3.24 There is also agreement that the NCASC should be a multi-sectoral agency with a capacity to work across all sectors including public, private and non-governmental organizations. One way that this multi-sectoral approach might be advanced and strengthened would be to introduce a secondment and contract system whereby staff from other sectors might be encouraged to join the Centre on a contract basis under secondment for a set period. This would appear to offer a number of advantages, including the increased networking across ministries that would naturally occur with people 'borrowed' from other areas of Government and the private sector or NGOs bringing with them their own contacts and as staff would be on a fixed contract. They would then return their old jobs with a renewed understanding and commitment to the multi-sectoral approach.

3.25 In supporting the increased autonomy of the NCASC, the Evaluation team also believes that it will be important that the Centre's responsibilities are carefully defined and that it not be the focus of all capacity building. The primary role of the NCASC must be to help define policy, advocate for the objectives of an expanded response and ensure that there is an understanding within Government and among all stakeholders that the National Strategy is being effectively implemented and that all support to the Strategy is well coordinated. It will be important that the NCASC does not seek to assume too large a role or get too caught up in the day-to-day implementation of activities.

3.26 The NCASC will also be required to build capacity to deal with the multi-sectoral nature of the response and in so doing develop mechanisms for drawing line ministries into the implementation of the National Strategy and mainstream HIV/AIDS response issues into the governments development planning and budget processes. A part of this process will be fostering an effective working relationship with other parts of the Ministry of Health. Also linked to this mainstreaming of HIV/AIDS into the work of other Government ministries will be a need to promote the role of the private sector and NGO community across the country.

3.27 It is important that there is not too much emphasis placed on strengthening the NCASC at the expense of the need to strengthen other agencies and NGOs involved in implementing activities in support of the response. The experience of FHI suggests that most organizations it works with have required significant mentoring and day-to-day management both at the level of technical design and monitoring as well as basic project management and financial capability. This experience of FHI is important when considering the role of the 'private sector entity' referred to in the National Strategy. It must be recognized that the role will need to go well beyond work plan management and project monitoring and overall financial accountability.

3.28 In light of these comments it is **recommended** that careful attention is paid to ensuring that the capacity constraints of all those involved, including but not exclusively the NCASC, in the expanded response are addressed in the next phase of support to the National Strategy.

G. Implementation Management or Execution

3.29 The Nepal Initiative currently has approximately two months to run before its completion on 31 December 2002. However, as already indicated it is understood that due to reporting and accountability requirements decisions on the future, if there is an intention to retain all or part of the current execution arrangements, are required almost immediately. Future execution arrangements should be adjusted to ensure that the existing conflict of interest between the National Project Director (NCASC) and the Executing Agent is eliminated.

3.30 One option would be to shift all execution responsibilities to the NCASC and it could then sub-contract specific activities. However, given the experience in the first phase, whereby FHI has been required to play a strong mentoring role, it would seem unwise to burden a developing NCASC with such a workload. It is also important that efforts are made to reduce uncertainty and maintain continuity between the executing agency and its sub-contractors. During the proposed transition period it will be important that international support is provided to ensure that the agreed institutional arrangements become operational and that sufficient time and resources are provided to effectively strengthen a multi-sectoral NCASC. This may require donors to provide technical assistance and training as well as some operational budget support.

3.31 While the institutional arrangements identified in the National Strategy are being refined it is proposed that the execution responsibilities be split for a transition phase. Depending on the circumstances it is proposed that either direct execution, as suggested by a separate executing agency, or national execution modalities be adopted for capacity building support for the NCASC as well other activities that are to be implemented by other Government ministries or where NGO or community capacity can be identified (e.g. programmes targeting youth or broad based political or community empowerment). The Evaluation team cannot determine whether the NEX or DEX modality should be adopted. However, it is important that in either case an emphasis is placed on building local capacity to implement the response.

3.32 An appropriately qualified private organization or NGO such as FHI should be retained as the executing agency for programmes directed towards sex workers and IDUs as well as other areas where they have prior experience or demonstrated capacity. FHI has the expertise and experience and should continue to have the executing responsibility for those activities where close day-to-day management and mentoring of partners is necessary. However, in line with good governance principles and time permitting it may be appropriate to ensure a transparent selection process is followed in the appointment of the execution agent for this aspect of the project for the two year period envisaged.

3.33 Based on this analysis, it is **recommended** that the execution responsibilities be split for a transition phase, with NCASC given as much responsibility as feasible for the execution of projects and with an appropriately qualified private organization or NGO, such as FHI, being retained for programmes directed towards sex workers and IDUs as well as other areas where they have prior experience or demonstrated capacity.

G. Steering Committee

3.34 The reconstitution of the NACC under the National Strategy effectively means that there is little need for the Steering Committee as presently operated under the Nepal Initiative. The reporting lines for the proposed transition phase should, therefore, be adjusted so that project plans and reports are provided to the NACC through the NCASC. Under these arrangements it will be clear that the donor programme is being monitored by a Committee within the Government's own structure and not one developed for the project alone. It will also ensure a greater understanding of the need for donor efforts to be coordinated within the Government's National Strategy, thereby strengthening national ownership. Should there be a need for some continued consultation among donors (perhaps to ensure briefing of those not represented in the NACC) then this should be seen as efforts to promote donor harmonization, and should not be confused with aid coordination which is squarely the responsibility of the Government.

3.35 It is **recommended** that the project Steering Committee be abolished from 1 January 2003 with project management oversight being the responsibility of the NACC.

F. Funding Mechanism

3.36 A number of options have been considered with respect to the future funding mechanisms for coordinated donor support. The first option to retain the current arrangements is not favoured by all the key stakeholders and is not in line with the concept of a trust fund as discussed in the National Strategy. However, unless alternative arrangements can be put in place quickly it would be important that the UNDP project formula be retained at least until a suitable alternative can be designed. In this way UNDP would continue to receive and manage funds on behalf of donors on the understanding that when a new mechanism came into force the funds not yest utilized would be transferred to the new mechanism.

3.37 The Trust Fund option has been proposed as a means for promoting public and private partnership and it is similar to other fund mechanisms already in operation in Nepal, including in the Ministry of Health. Apart from strengthening local ownership the Trust Fund mechanism, that would be locally managed, is also expected to allow funds to be passed to the implementing agents outside of the government system more rapidly than it is understood it would be if operated through the Government's own financial management system. The latter should perhaps be an ultimate goal but given the use of similar trust fund mechanisms in Nepal to support the work of other semi autonomous or government corporate entities it would appear that such funds are seen as a relatively permanent mechanism. The National Strategy proposed that the NCASC would become a semi-autonomous agency within the Ministry of Health,, with the NACC acting as its Board of Directors.

3.38 Donor funds can be provided through the Government budget process. However, this is described as cumbersome, often resulting in delays in processing and delivery. Sub-contracting of NGOs and community groups would be more difficult if funds were not released promptly. The Government's recruitment and procurement systems are described as 'very bureaucratic' and slow and the Government audit system is focused on transaction analysis and does not undertake performance audits. The Government Audit Office is understood to have a backlog of work that would frustrate donors seeking early reporting on project expenditure. Another concern would arise if donors agreed to

provide funding to government not in advance but as refund, based on proof of expenditure. Given the expected size of the project funding required for an expanded response such a funding mechanism, involving re-imbursement, would place heavy demands on the very limited Government budget.

3.39 In light of the range of legal and other considerations that remain to be settled with respect to this issue it is not possible for this Evaluation team to make a recommendation. However, as part of the process further work will be needed to find a solution that meets donor accountability requirements while at the same time accords with the Government's preference for a locally managed fund through which all donors are encouraged to support the National Strategy.

3.40 It is **recommended** that the flexibility that already exists in donor funding arrangements be retained. In any case it is clear that some donors will not wish to contribute to either the UNDP project or a Trust Fund when and if its established. In the view of the Evaluation team it is important for the immediate future to separate decisions on execution arrangements from the funding mechanism. By redefining the execution arrangements a number of the ownership concerns have been addressed and hopefully this allows time during 2003 for the mechanism options to be fully considered before a final decision on arrangements is made.

Annex 1: Abbreviations and Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AusAid	Australian Agency for International Development
CBO	Community-Based Organization
DFID	Department For International Development
FES	Focused Ethnographic Studies
FHI	Family Health International
FSW	Female Sex Worker
HIV	Human Immunodeficiency Virus
HMG	His Majesty's Government
IEC	Information, Education and Communication
IDU	Injecting Drug User
INGO	International Non-Governmental Organization
MoH	Ministry of Health
NAC	National AIDS Council
NACC	National AIDS Coordination Committee
NPD	National Project Director
NCASC	National Centre for AIDS and STD Control
NFCC	Nepal Fertility Care Centre
NGO	Non-governmental organization
PSI	Population Services International
STD	Sexually Transmitted Disease
TWG	Technical Working Group
USD	United States Dollars
VCT	Voluntary Counseling and Testing
SMD	Social Marketing Distribution
UNAIDS	United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
USAID	United States Agency for International Development

Annex 2: Terms of Reference

Background:

The "Nepal Initiative" (NEP/00/013 – Assistance for an expanded rights-based response to the concentrated HIV/AIDS epidemic in Nepal) was designed as an "emergency response" to the concentrated HIV/AIDS epidemic in Nepal to bridge the time needed to develop and resource a new national strategy on HIV/AIDS. The Nepal Initiative is a multi-donor cost-shared UNDP project (DFID, UNDP, UNAIDS, parallel funding from AusAid and USAID), and executed by an international NGO (Family Health International). Initially it was designed for 12 months starting April 2002, but because of delays both during the approval and the implementation process, the Nepal Initiative effectively started only on 1 September 2002, and recently got a no-cost extension until 31 December 2002.

The main "parallel" process of updating the National Strategy on HIV/AIDS was equally delayed (situation and response analysis made in 2001) and effectively took off only in January 2002.

There have been a number of important changes since the development of the "*Strategic Plan for HIV and AIDS in Nepal 1997-2001" (1996)*: a) The epidemiological situation has dramatically changed between 1997 and 2001; b) Nepal has committed itself both to the Millennium Declaration and its Millennium Development Goals and to the time-bound targets spelled out in the Declaration of Commitment at the United Nations General Assembly Special Session on HIV/AIDS in July 2001; and c) Nepal's Tenth Five-Year Development Plan has identified HIV/AIDS as a cross cutting issue affecting national development. The new National Strategy should guide the translation of these commitments into reality and to finally halt and reverse the spread of the epidemic in Nepal.

The overall objective of Nepal's new strategy is to contain the HIV/AIDS epidemic in Nepal. The vision of the National Strategy is to expand the number of partners involved in the national response and to increase the effectiveness of the response. It will do this by focusing on activities within priority areas thereby optimising prevention and reducing the social impact of HIV/AIDS in the most cost-effective manner.

Yearly targets were defined for the priority areas and key-strategies, and in a next step the strategy will be costed to allow resource mobilization and re-prioritization.

The development of the national strategy was a participatory process involving government, non-governmental organizations, private sector, civil society (including people living with HIV/AIDS), and external development partners. Regional and national consultations provided the opportunity for stakeholders to contribute and finally to shape this strategy.

Ideally, the National Strategy will be "programme" funded, i.e. pooled resources and/or earmarked contributions, to provide required resources. The future management and implementation structures will be designed to:

- Support and strengthen the leading role of government, and the MoH as the technical line ministry, as regards: policy and strategy; monitoring and evaluation, including quality assurance and quality control; epidemiology and surveillance; involvement of other government structures, e.g. other line ministries, and coordination;

- Provide the flexibility, accountability and results oriented management of a larger programme at the central and the decentralized level;
- Establish new public-private partnerships at all levels to fight the epidemic;
- "De-medicalize" the response to HIV/AIDS;
- Support decentralization and integration at the community level;
- Increase responsiveness; and,
- Provide the basis for sustainability through the involvement of the private sector and civil society.

The shift from individually funded "projects" to a "programme", from outputs to results orientation, from donor interest to national priorities, from capacity building of central structures to strengthening of implementation capacity, and from a health sector response to a multi-sector approach will require time and resources. This is, however, the precondition for an effective and efficient national response.

Challenges:

The main challenge for Nepal is now to respond immediately to a rapidly evolving HIV/AIDS epidemic. This has to be undertaken in the context of a civil conflict in the country, weak implementation capacity both within the public and the private sector, structural weaknesses with respect to multi-sector involvement, coordination, policy, monitoring and evaluation, and scarce internal resources.

Moreover, to translate the national strategy in result oriented work plans, build capacity among implementing partners, restructure and strengthen the NCASC, put in place the future implementation and management mechanisms, and finally resource the strategy will require time and considerable support.

In order to support the implementation of the national strategy, transition mechanisms will need to be designed to bridge the time needed for a full national programme response.

One of the options is to use the Nepal Initiative *in a modified form* as such a transitional mechanism in support of the national strategy. Main focus of this option would aim at continuing and expanding the response to the most vulnerable groups and, at the same time to support restructuring and strengthening of the NCASC, the NACC, and private entities, along with capacity building initiatives at all levels.

Objectives:

A) Providing a grounded analysis of the Nepal Initiative, with special emphasis on results achieved, contractual arrangements, communication flows, and decision-making mechanisms.

B) Assess available options and modalities to reconfigurate the Nepal Initiative to assist HMG/N in the initial implementation of the National HIV/AIDS Strategy. Propose necessary modifications in the set-up of the Nepal Initiative to serve as a transitional mechanism in support of the National Strategy.

Scope of work/results:

The evaluation of the Nepal Initiative should achieve the following:

1. To take stock of strengths and weaknesses, obstacles and opportunities occurred during the implementation of the Nepal Initiative being an "emergency response" to the concentrated epidemic.
2. Based on the above assessment recommend the best possible integration of future initiatives for vulnerable groups in programme activities in line with the national strategy.
3. To propose concrete steps and/or modifications in the set-up of the Nepal Initiative to serve as a transitional mechanism in support of the national strategy.

Results 1 and 2 are related to Objective A and result 3 to Objective B above.

Issues to be addressed by the evaluation:

The evaluation mission will consider the following tasks for in-depth analysis within the overall scope of the work as mentioned above:

Relevance: Review the relevance of the Nepal Initiative in terms of the development issues and national priorities, target groups covered by the Nepal Initiative as well as the emerging institutional and epidemiological context.

Performance: Examine the extent to which the Nepal Initiative has achieved its immediate objectives and produced outputs; review and assess the execution, implementation, coordination arrangements and decision-making mechanisms during the implementation; assess the efficiency and timeliness of inputs provided and quality and quantity of outputs and results produced; and examine the overall cost effectiveness of the Nepal Initiative and possible replication.

Success: Identify the emerging best practices and lessons learnt both in terms of product and processes and document them; and assess the impact, sustainability, contribution made by the Nepal Initiative to develop the institutional capacities of the National AIDS Center and the partner NGOs.

Outputs:

The outputs of the evaluation mission will be:

- A preliminary report on the findings of the assessment of the emergency response and possible scenarios for a transition phase to be discussed at the end of the mission at a workshop with key stakeholders.
- A final report including different scenarios, priorities and necessary modifications allowing for envisaged adaptation and recasting of the "Nepal Initiative" to support a transition phase of the National Strategy.
- A pragmatic time-framed workplan/road-map necessary to integrate the Nepal Initiative (response to the concentrated epidemic) fully into the National Strategy.

Timing, reporting and working methodology:

The duration of the mission will be for two weeks (first two weeks of September 2002). The consultants will work in close collaboration with HMG/N, and all major stakeholders of the Nepal Initiative. The mission will present a draft report and discuss their findings with all stakeholders

before departing Nepal. The methodology for this evaluation will consist of desk review, interviews, field visits and meetings with stakeholders.

Composition of Evaluation Team:

The evaluation team will consist of the following: Two international consultants, one national consultant and a Government representative.

International Consultant/Team Leader
The International Consultant/Team Leader will be a development planning and management expert with substantial knowledge and practical experience on management issues, operational modalities, contractual arrangements, channeling of funds, etc. The Consultant should also have a sound understanding of foreign aid policies in resource scarce countries, service delivery mechanisms, accepted practices to be able to recommend pragmatic and implementable options. Practical experience of at least 7 years in developing countries, prior working experience in Nepal would be preferable. The Consultant should be adept at working and negotiating with, and facilitating the discussion of government officials and donor agencies.

International Consultant
The Consultant should have substantial knowledge and experience on developmental aspects of HIV/AIDS, related policies, strategy development, and programming, including targeted interventions for vulnerable groups. At least 7-10 years of experience in international project management, including policy setting and local implementation in the area of HIV/AIDS is required. Practical experience in HIV/AIDS areas in Asia and or Nepal would be preferable. Excellent communication both oral and written is essential.

Government Representative
The National Centre for AIDS and STD Control will identify a Representative to participate in the mission. The Representative should be knowledgeable about social issues as well as national and local level development priorities related to HIV/AIDS. Practical experience of at least of 7 years in the relevant areas would be preferable.

2 Representatives of target communities (sex workers, injecting drug users)
The National Center for AIDS and STD Control in coordination and cooperation with the executing agent (FHI) will propose representatives form the sex worker and injecting dug user community to participate on the team.

The Nepal Initiative will cover the costs for the team leader, the 2 representatives of the target community, and costs related to the participation of the government representative. AusAid will cover the cost of the second international consultant.

Donors to the Nepal Initiative are invited to nominate observers to participate in the evaluation. Donors are expected to cover the costs for their nominated participants.

Annex 3: Mission Schedule

Time	Description	Venue
02 September 2002, Monday		
12:35	Arrival of Dr. Peter Deutschmann, International Consultant	Hotel Summit, Room 101 Tel: 521810
03 September 2002, Tuesday		
9:00 –11:00	Meeting with Michael Hahn and Peter	Hotel Summit
12:35	Arrival of Mr. Garry Wiseman, International Consultant/Team Leader	Hotel Summit
13:00-14:00	Lunch	
14:00- 16:00	Meeting with Aaron Peak for Peter and other National consultants	CHR Office, Gairidhara Tel: 410701
04 September 2002, Wednesday		
9:00 – 11:00	Michael Hahn, Peter and Garry	Hotel Summit
11:00-12:30	Meeting with Dr. Dig Vijaya Samser Rana, Deputy Director, NCASC for Peter and Garry	NCASC Office, Teku Tel: 261653
13:00- 14:00	Lunch	
15:00-15:30	Minister of Health Mr. Sarat Singh Bhandari	MoH Ramshah Path Tel: 262534
19:30-	Australian Embassy Reception	Australian Embassy Bansbari Tel: 371678
05 September 2002, Thursday		
08:00 –11:00 11:00-11:30	Field visit to Harm Reduction Project site in Kathmandu Courtesy Meeting with Mr. Henning Karcher, UN RC	KMC (Dr. Babu Ram Gautam) UN House Pulchowk Tel:523200
14:30-17:00	Meeting with James L. Ross, Country Director, FHI and Aaron Peak (Garry and Peter)	FHI Office, Gairidhara Tel: 427540
06 September 2002, Friday		
8:45-9:25	**Peter** flies for field visit to Biratnagar (BHA701)	
9:30-10:30	Drive to Dharan	Chad Hughes
10:30-11:30	Site visit at BP Koirala Institute for Health Sciences (includes crisis management, dual diagnosis and syringe incineration)	Paras Pokheral

Time	Description	Venue
11:30-12:30	Lunch	
13:00-16:00	Site visit at KYC Punarjeewan Kendra (includes: drug treatment center, field office, drop-in-center, ½ house, outreach	Kamal Limbu
16:00-17:15	Drive to Damak and overnight	Lutheran World Hotel
	Garry and Team	
9:30-10:30	Syndar Man Shrestha, Under Secretary, Ministry of Finance	Ministry of Finance Baag DurbarTel: 259769
11:00-11:45	Meeting with J Bill Musoke, Chair, UN TG on HIV/AIDS	WFP Meeting Room UN House, Pulchowk
12:00-13:00	Alex Harper, Deputy Head, DFID	DFID Office, Ekantakuna Tel: 542980
13:00-14:00	Lunch	
14:30-15:30	Cathy Thompson, Technical Adviser, USAID	USAID Office Rabi Bhawan Tel: 270144
07 September 2002, Saturday		
9:00-11:30	Site visit with AMDA Hospital (includes: primary health care for partner projects, involvement in VTC and sex worker/client programmes	Dr. Shankar Huzdar
11:30-12:00	Site visit with Punarjeewan Sarokar Kendra (includes: harm reduction minimum package – drop-in-center and outreach)	Mr. Lain Subba
13:00-14:45	Drive to Biratnagar	
14:45-15:30	Lunch	
15:30-16:15	Drive to airport via Jogbani drop-in-center HELP Group	Ms. Bishnu Sharma
17:05-17:40	BHA 710 to Kathmandu	
10:00- 11:30	**SW Field Visit Garry and Team** A brief interaction session was held with few ORW, PEs, Couple of FSW, Field coordinator and Program Coordinator. The evaluation team also inspected the STI service delivery site based within the DIC of GWP. Beneficiary group (FSW) Ms. Apsara Prasai also participated in the interaction session.	General Welfare Pratisthan
11:45-14:00	A brief interaction session was held with few ORW, PEs, Target Group (drivers and Mechanics) Program Coordinator and Program officer.	HSWO

Time	Description	Venue
	The interaction session mainly focused on the discussion with the target group. Following the interaction session the Evaluation team paid a field visit to a Garage in *Jadibuti* area where they were briefed about the various aspects of the intervention program	
08 September 2002, Sunday		
	Discussion and preliminary draft report writing by GW and PD	
10:00-12:00	Meeting with Dr. Shyam Sundar Mishra, Director, NCASC	Hotel Summit
09 September 2002, Monday		
9:15 - 10:15	Mr. Kumar Prasad Poudyal, Joint Secretary, Ministry of Home	Ministry of Home Singha Durbar Tel: 229401
10:30 -12:00	Round Table Discussion with Donors (UNDP, UNAIDS, TG Chair, DFID, AusAID, USAID, DANIDA, NORAD) Dr. Peter Deutschmann departs	UNDP Meeting room
14:30-15:30	Dr. Prakash Sharan Mahat, Hon'ble Member, National Planning Commission	Singha Durbar Tel: 228846
10 September 2002, Tuesday		
10:00-10:45 11:00-12:00 15:30-17:00	Mr. Mahendra Nath Aryal, Secretary of Health Dr. Dhruba Man Shrestha, Mental Hospital Meeting with James L. Ross, Country Director, FHI	Ministry of Health, Ramshahpath, Tel: 262590 Mental Hospital, Patan Tel: 521612 FHI Office, Gairidhara
11 September 2002, Wednesday		
	Report Writing	
12 September 2002, Thursday		
10:00-12:00	Meeting with James L. Ross, FHI	Hotel Summit
	Incorporate comments and prepare full report	
13 September 2002, Friday		
10:00-11:30	Debriefing NCASC, MOH, NPC, MOF, donors and all members of steering committee.	Hotel Summit, Nordic Hall
Afternoon	Incorporate comments, finalize and submit the report to UNDP for distribution to all partners.	
14 September 2002, Saturday		
	Mr. Garry Wiseman departs.	

Annex 4: List of Documents Reviewed

1.	Boyce, Paul and Pant, Sunil (2001). Rapid Ethnography of Male-to-Male Sexuality and Sexual Health, Study for Family Health International (FHI) Nepal.
2.	Centre for Research on Environment Health and Population Activities (CREHPA) (2002). A Situation Assessment of Sex Workers and Intravenous Drug Users in Kathmandu Valley – A Focused Ethnographic Study.
3.	Family Health International (FHI) Nepal (2001). First Quarterly Report (July-September 2001) for Nepal Initiative.
4.	Family Health International (FHI) Nepal (2001). FourthQuarterly Report (April-June 2002) for Nepal Initiative.
5.	Family Health International (FHI) Nepal (2001). Second Quarterly Report (October-December, 2001) for Nepal Initiative.
6.	Family Health International (FHI) Nepal (2001). Third Quarterly Report (January-March 2002) for Nepal Initiative.
7.	FHI Sub-Agreement with Blue Diamond Society, August 2002-August 2003. Implementing AIDS Prevention and Care (Impact) Project.
8.	FHI Sub-Agreement with Himalayan Social Welfare Organization (HWSO), July 2002-December2002. Client Focused BCI Program in Kathmandu.
9.	FHI Sub-Agreement with Lifesaving and Lifegiving Society (LALS), January 2002-March 2002. HIV/AIDS Prevention Among UDUs.
10.	FHI Sub-Agreement with National Centre for AIDS & STD Control, February 2002-August 2002. Monitoring Trends in HIV Prevalence.
11.	FHI Sub-Agreement with Nepal Fertility Care Center, June 2002-September 2002. NFCC: STI Service Delivery.
12.	FHI Sub-Agreement with Population Services International (PSI), February 2002-August 2002. Social Marketing for HIV/AIDS Prevention.
13.	FHI Sub-Agreement with Society for Education & Developmental Activities (SEDA), November 2001-May 2002. STD/HIV Prevention Project for Sex Workers.
14.	First (July 2001), Second (January 2002)and Third (may 2002) Steering Committee Reports for the Nepal Initiative (NEP/00/013).
15.	His Majesty's Government of Nepal (2002). Nepal's National HIV/AIDS Strategy.
16.	His Majesty's Government of Nepal, Ministry of Health (1996). The National RH/FP IEC Strategy for Nepal (1997-2001).
17.	His Majesty's Government of Nepal, Ministry of Health (1998). National Reproductive Health Strategy.
18.	His Majesty's Government of Nepal, Ministry of Health (2000). National Adolescent Health and Development Strategy.
19.	MacNeil, Joan, PhD (2001). Nepal VCT Assessment Report (FHI Nepal).
20.	Panda, Samiran; Roy, Tarun (2002). Road Map to Sexual Health Intervention: Nepal Initiative (SHINI) – a guide book (FHI Nepal).
21.	Panda, Samiran; Roy, Tarun; Banerjee, Bhaskar (2002). Sexual Health Intervention in Kathmandu Valley – A Participatory Program Design (facilitated by FHI Nepal and UNAIDS).
22.	Pelto, Dr. Pretti. Treatment-Seeking Behaviors of Sex Workers and Others in Kathmandu Valley Area: Background and Guidelines for an STI Program.
23.	Roy, Tarun; Jani, Gaurang; Banerjee, Bhaskar; and Panda, Samiran (2002). Technical Support for Up-scaling Initiatives Towards Prevention of Sexual Transmission of HIV

	in Nepal.
24.	Steinberg, Malcolm (2002). Towards the Reform and Strengthening of the National Centre for AIDS and STD Control in Nepal, Report submitted to the Nepal Initiative
25.	UNDP (1999). Participatory Planning and Management of HIV/AIDS. (NEP/97/003/J/01/99).
26.	UNDP (2001). Assistance for an expanded rights-based response to the concentrated HIV/AIDS epidemic in Nepal, Project of His Majesty's Government of Nepal with the cooperation of the Governments of Australia, the United Kingdom, United States of America and UNAIDS and UNDP, UNDP. (NEP/00/013).
27.	UNDP Evaluation Office (2001). Monitoring & Evaluating for Results – A handbook for Programme Managers,
28.	USAID/Nepal (2002). HIV/AIDS Strategy 2001-2006 (Revised July 2002).