

Annual Progress Report - 2010



Project Title

Award ID: 00046947

Award Title: Support to National HIV/AIDS Programme

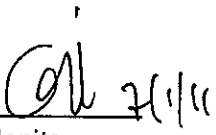
Project ID: 00046947

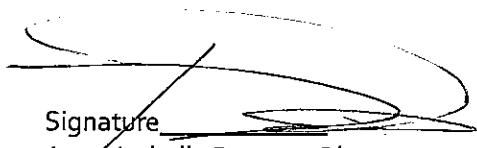
Source of Funds: TRAC and Cost-sharing

Implementation Modality: DEX

Project Beginning Year: 01/10/2006

Project Ending Year: 31/03/2011

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14/11/2011

Annual Progress Report – Part I

Overview of the Project

Nepal was awarded the Global Fund Round 2 grant in 2005. However, as the government did not have the capacity to manage large donor fund, request was made to the United Nations (UN) to assist the government of Nepal in the implementation of the Global Fund Round 2 Grant. Upon request from the government, UN designated UNDP as a management support agency (MSA) to manage the global fund Rd 2 grant particularly the NGO sector and procurement component of the grant. In order to manage the programme, UNDP initiated "Support to National HIV/AIDS Programme (SNHP)" in 2005 and established a Programme Management Unit (PMU) in early 2006.

DFID also channelized its fund through MSA by entering into agreement with UNDP particularly to implement the gaps in the national action plan in late 2005. Since then the grant has been extended in an yearly basis. The current grant continues till March 2011 with the total contribution made of USD 25 million for the period 2005 -2010. The programme specially supports the implementation of National Strategic Plan 2006- 2011, particularly in filling the gaps of the National HIV/AIDS Action Plan that are not covered by other donors. The total programme budget allocated for 2010 was US \$ 5 million initially through which the programme was able to continue MARP NGO services till September 2010. However, to avoid gap in services until the Government procures the MARP NGO services under Nepal Health Sector Plan II /Pool fund , DFID contributed additional USD 450,000 in August 2010 to continue NGO programme till December, 2010.

The programme is focused on HIV prevention intervention targeted for Most at Risk Populations such as Injecting Drug Users (IDUs), People Living with HIV/AIDS (PLHIV), Men Having Sex with Men (MSM), Migrants and their families. The services are provided to the communities through 39 NGO partners in 42 districts of Nepal. The DFID programme also supports programme on blood safety managed by Nepal Red Cross Society in 48 districts of the country. Efforts of the programme in 2010 was also geared towards capacity development of the National Center for AIDS and STD Control to take the principle Recipient (PR) role in Global Fund Rd7, phase II grant as well as and to manage the MARP NGO contracts under GON pool fund via world bank effectively. UNDP also provided support to the HIV/AIDS Control to implement its capacity development strategy developed in 2009 including the development of HIV Bill.

Key Results in 2010

Progress towards CPAP Outcome and Output Indicators

Summarize three major results achieved in 2010, emphasizing changes in development conditions and/or people's lives. Explain how these interim results are leading towards the overall intended results of the project. (You may wish to report on some cumulative results 2008-2010.)

Key Accomplishment of the programme are highlighted below:

As a part of the DFID supported programme targeted to the Most At Risk Population (MARP), a total of 181,396 migrants and their families were reached with comprehensive prevention package consisting of behavior change communication intervention, provision of Voluntary Counseling and Testing (VCT) services treatment of Sexually Transmitted Infection (STI) and referral for Anti retroviral Treatment and Opportunistic Infections (OI). From January – November 2010, a total of 250,310 migrants and their spouses (including 181,396 new migrants) were reached with tailored HIV/ AIDS messages through peers and outreach activities out of which 24,454 were counseled and tested for HIV and among them 111 people (0.45%) were tested HIV positive. Similarly, 23,468 people of the project districts were diagnosed and treated for STI.

A total of 7,846 IDUs received harm reduction services and 1,310 received detoxification and rehabilitation services in 2010. Similarly, out of 110,833 needles and syringes distributed to IDUs for harm reduction, only 1,344 (2%) were for women. However, there is a steady growth of women being admitted into the care centre with 81 out of 946 clients (9%) in 2010 being women.

The HIV prevalence among IDUs has been steadily declining with the prevalence of 68% in 2002 in Kathmandu valley which has been reduced to 21% as per the latest Integrated Bio Behavioral Surveillance (IBBS) conducted in 2009. The reduction in HIV prevalence among IDUs in Nepal can be attributed to safer injecting behavior.

A total of 29,726 new MSM and MSW were reached with tailored BCC, IEC and outreach activity including VCT and STI services. Similarly, 2532 People Living with HIV (PLHIV) received palliative care through 22 community based care homes implemented by the community led NGOs.

UNDP support also allowed Nepal Red Cross Society to ensure safe blood transfusion in 48 districts of the country. A total of 150,544 blood samples were collected and screened for HIV by NRCS during the reporting period i.e. January – November, 2010.

Programme efforts were also directed towards developing the capacity of the National Center for AIDS & STD Control to assume the Principle Recipient role in phase 2 of the Global Fund Rd7 grant and at the same be able to manage MARP targeted HIV prevention programme to be implemented through NGOs via World Bank /GON pool fund. Towards this end Accelerated Capacity Development Plan was developed for NCASC and implemented with technical assistance from UNAIDS established Technical Support Facility. As a part of the plan, an institutional review of NCASC was completed and new structure of NCASC was proposed including Terms of Reference for staff. Similarly, training needs of NCASC staff were assessed and based on the needs meeting the minimum GFATM PR requirement, training modules on programme management, monitoring & evaluation, LFA mock assessment and financial

management was developed and training conducted for the key staff of NCASC. Similarly, NCASC financial/administration guidelines were refined to fulfill Global Fund requirements.

In collaboration with UNAIDS and under the leadership of HIV/STI Control Board , the programme also supported the government in reviewing the current National HIV/AIDS Strategy , June 2006 to June 2011 and drafting new National HIV/AIDS Strategic Plan 2011 – 2016. The strategy was drafted following a rigorous consultative process with all key stakeholders. The final draft is expected by March, 2011.

Progress towards CPAP Outcome and Output Indicators

Annual Output Targets 2010	Achievement 2010
Initiate and complete implementation of capacity development plan for NCASC.	<p>The Capacity Development Plan was drafted, shared with key stakeholders in February 2010. Comments were incorporated and the final draft was submitted to MOHP for endorsement within the same month.</p> <p>As per the request made by NCASC the full fledged 24 months capacity development plan was transformed to Accelerated Capacity Development Plan which was endorsed by CCM in May, 2010.</p> <p>UNAIDS established Technical Support Facility for South Asia was contracted on last week of July to facilitate the implementation of the plan.</p> <p>The Accelerated Capacity Development Plan of NCASC was implemented by Technical Support Facility (TSF) through SWASTI from October 2010. As a part of the plan, institutional review of NCASC was conducted in August, 2010 which included assessment of the existing structure of NCASC, development of a new organogram along with the detail Terms of Reference of each position.</p> <p>Training needs identified, training modules designed on programme management, financial management, monitoring and evaluation, procurement and supply chain management.</p> <p>Programme Management Training and Training on Monitoring & Evaluation conducted and attended by 35 staff member of NCASC and PMU.</p> <p>Financial Management training conducted and attended by 70 accounts of NCASC and service delivery points (SDP).</p>
Provide comprehensive packages for 378,598 Most At Risk Population such as IDUs, MSM, Migrants and PHLWs.	As of November 2010, a total of 377,673 Most At Risk Population (IDUs, MSM/MSW, Migrants and their families and PLHIV) have been reached with prevention interventions consisting BCC/IEC, provision of VCT/ STI services and referral for ART

Achievements against Annual Work Plan (Annual Targets & Activities)

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

Annual Targets	Achievement (against Annual Targets)	Planned Activities	Achievements (against activities & actions)	Financial			
				Fund	Account Budget	Budget	Expenditure
Development of capacity building strategy and plan for the semi autonomous entity and other National Entities supported	<p>Output 1: Support the capacity building of the national HIV/AIDS entities and implementation of large donor grants</p> <p>Progress till Nov. 2010: Accelerated Capacity Development Plan finalized and endorsed by CCM. Plan under implementation with technical assistance from UNAIDS established TSF.</p>	<p>Activity Result 1: Support to semi Autonomous entity and Other National Entities.</p> <p>Actions:</p> <p>i) Provide support to HSCB to update National HIV/AIDS Policy, 1995, drafting new HIV/AIDS Strategy 2011-2016 in coordination with NCASC, finalize HIV Bill and promote partnership forum on HIV/AIDS</p> <p>ii) Provide support to implement the capacity developed for NCASC to take the PR role and other multi-donor sub recipient management functions</p> <p>iii) Review existing institution mechanism on coordination and develop a strategy to enhance including 2 years action plan</p> <p>iv) Assess 2006-2011 National HIV Strategy and support the development of the new 5 years strategy (2011 - 2016)</p> <p>v) Develop 2 National Newsletters on HIV/AIDS</p>	<p>ii) HSCB finalized the Parliamentary Bill and submitted to the MoHP for endorsement. Awaiting for the bill to be endorsed by MoHP and then by the parliament. Similarly the board has been taking a lead coordinating role in developing National HIV/AIDS Strategic Plan 2011-2016. Several sound of consultation meeting has been held, writing team formed who are drafting the strategy document.</p> <p>iii) Accelerated Capacity Development Plan implemented with technical assistance from TSF. As a part of the plan institutional review of NCASC completed and a new structure developed along with the staff TOR. Training needs were identified and training modules designed and implemented on programme management, financial management, monitoring and evaluation. 35 NCASC staff received training on programme management and M & E and financial management training attended by 56 NCASC and SDP finance team.</p>	DFID	71200	103,500.00	0
				UNDP	71300	19,000.00	3,888.51
				UNDP	71500	21,658.00	14,748.81
				UNDP	71600	20,000.00	1,102.65
				UNDP	72100	76,972.00	38,787.15
				UNDP	72200	20,000.00	2,082.16
				UNDP	72400	1,000.00	1,111.11
				UNDP	74500	26,535.00	1,896.19
				DFID	71200	19,200.00	44,723.00
				DFID	71300	20,500.00	6,261.80
				DFID	71400	48,000.00	10,088.12
				DFID	71500	0	21,658.44
				DFID	71600	6,000.00	3,134.98
				DFID	72100	15,000.00	30,842.34
				DFID	72200	0	1,935.89
				DFID	72300	0	34,660.92
DFID	72400	2,000.00	-1,793.48				
DFID	72500	6,000.00	3,608.49				
DFID	73400	3,000.00	0				
DFID	74500	-38,000.00	-36,479.51				

			<p>iii)UNAIDS has taken the lead role in strengthening coordination to enhance national HIV/AIDS response. Strategy and action plan has been drafted by UNAIDS hired consultants .</p> <p>iv)Three (2 local and 1 international) consultants have been hired; the writing task is moving ahead with thematic consultation, one to one consultation and group consultation.</p> <p>v) National Newsletter on HIV/AIDS has been developed both in English and Nepali. English version has been posted on the UNDP-NCASC website. Nepal version printed and widely circulated to all stakeholders.</p>				
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<p>Comprehensive package programme for IDUs, MSM/MSWs, Migrants and PLHA</p> <p>Employment and income opportunities and access to financial services enhanced especially for youths and excluded groups and PLHA in partnership with the private sector and CSOs.</p>		<p>Activity Result 2 : Implement comprehensive package for IDUs, MSM/MSWs, Migrants, PLWHA</p> <p>Actions:</p> <ul style="list-style-type: none"> i) Provide harm reduction services to 3600 IDUs and rehabilitation services to 1100 IDUs; ii) Continue Methadone Services through 3 social care unit; iii) Conduct assessment of IDU targeted programme iv) Provide comprehensive service to 25,000 new MSM/MSW & VCT services to 5,100 MSM/MSW v) Provide comprehensive service to 163735 new Migrants and their families & VCT services to 17640 vi) implement MASS Media campaign on VCT promotion (targeted for migrants); <p>Conduct Entrepreneurship Training</p> <ul style="list-style-type: none"> i) Assessment of Livelihood program targeted for PLHA and vulnerable group ii) 10 follow-up visits and technical assistance of the micro- entrepreneurs developed under the project iii) Provide comprehensive service to 3,129 PLHAs; viii) Provide comprehensive 	<ul style="list-style-type: none"> j) Harm reduction services provided to 7,846 IDUs and rehabilitation services provided to 1310 IDUs ii) Methadone services continued through 3 social care units through UNODC. iii) Assessment completed and report under dissemination by UNODC. iv) Comprehensive service provided to new 29,726 MSM/MSW & VCT services to 4,829 MSM/MSW v) Comprehensive service provided to 181,396 new Migrants and their families & VCT services to 19,625 migrants and their families vi) Mass Media Campaign launched and AV products aired through national TV and radio stations as well as from local FM station from 17th September till December 10, 2010 j) Assessment of Livelihood program targeted for PLHA and vulnerable group completed, reported disseminated ii) Conducted 10 follow-up visits and technical assistance of the micro- entrepreneurs developed under the project iii) Comprehensive service provided to 2532 PLHAs. Due to the reduction in # of Care centres with avoiding duplication with Save the 	<p>UNDP 71300 0</p> <p>UNDP 71600 0</p> <p>UNDP 72100 0</p> <p>UNDP 72400 0</p> <p>UNDP 72600 0</p> <p>UNDP 74500 0</p> <p>AUL 72100 0</p> <p>DFID 71200 35,500.00</p> <p>DFID 71300 9,500.00</p> <p>DFID 71400 500</p> <p>DFID 71600 32,015.00</p> <p>DFID 72100 3,797,456.</p> <p>DFID 72200 2,000.00</p> <p>DFID 72400 14,000.00</p> <p>DFID 72500 1,905.00</p> <p>DFID 72600 0</p> <p>DFID 73100 2,000.00</p> <p>DFID 73400 51,000.00</p> <p>DFID 74200 40,000.00</p> <p>DFID 74500 9,500.00</p> <p>UNDP 71600 0</p> <p>UNDP 72600 0</p> <p>GFATM 72100 0</p>	<p>4,153.58</p> <p>1,809.78</p> <p>232,233.25</p> <p>1,911.74</p> <p>-450,000.00</p> <p>469.79</p> <p>-22.52</p> <p>10,000.00</p> <p>642.48</p> <p>452.31</p> <p>40,165.48</p> <p>3,478,710.62</p> <p>2,000.00</p> <p>0</p> <p>0</p> <p>-801.12</p> <p>0</p> <p>3,700.00</p> <p>303.76</p> <p>32,200.00</p> <p>-13.71</p> <p>658.17</p> <p>-4.82</p>
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		service to 1,000 Prison	Children, the target could not be achieved fully though covered by Save intervention						
		4. Activity Results: HIV/AIDS care, support and treatment; Procurement of HIV supplies and ARVs Actions: i) Procure harm reduction supplies; ii) Procure condoms and lubricants	viii) Comprehensive service provided to 1,111 Prison i) Harm Reduction supplies worth 37,955 USD 70,000 procured till date. - Procured and supplied 2,554,969 condoms and 306,981 lubricants	UNDP	72200	157,234.00	157,233.60		
		5. Activity Results: National M&E system strengthened and Capacity of National networks and partner NGO enhanced. Actions: i) Finalization for M & E training Curriculum and conduct one TOT training for 25 central and regional Trainer ii) Provide 1 financial management training to NGO partners iii) Provide capacity development opportunities to GO and NGO partners and PMU staff	ii) M & E training curriculum finalized and endorsed by Strategic Information Technical Group (SITWG). TOT training provided to 25 trainers and curriculum rolled out at the regional and district level. ii) Financial management training provided to GO/NGO participants iii) Capacity Development Plan developed for GO/NGO partners. a. Financial Management Training provided to GO/NGO partners b. National HIV M&E training provided to GO/NGO partners c. Training on forecasting of drugs and commodities provided to 12 GO partners d. Financially supported 5 members (2 PMU staffs and 3 NGO	UNDP UNDP UNDP DFID DFID DFID	71600 72100 74500 71600 72100 72500	0 0 0 75,500.00 108,818.00 5,000.00	15,717.82 26,438.00 -2,910.39 32,406.49 49,507.63 2,045.40		
				DFID	74500	61,000.00	15,952.62		
				DFID	74500	0	1,411.32		

	iii) Conduct 3 GFATM program oversight visits iv) Update CCM website	ii application, Rd 10 proposal writing 1 planned could be organized ii) 8 CCM meetings conducted iii) 3 GFATM program oversight visits conducted in: - March '10 - April '10 - August, 10 And other visits conducted during regional review meetings and quarterly review meetings. iv) CCM website launched in February '10 and has been updated regularly.	UNDP	71400	7,120.00	3,595.37
			UNDP	71600	0	2,126.64
			UNDP	72100	0	808.08
			UNDP	72400	0	303.25
			UNDP	72500	0	35.19
			UNDP	74500	200	559.95
			DFID	71400	0	2,881.87
			DFID	71600	0	383.88
			DFID	74500	0	179.12
			GFATM	71400	14,525.00	9,519.49
			GFATM	71600	9,395.00	7,084.70
			GFATM	72100	0	2,845.78
			GFATM	72400	3,282.00	1,626.27
			GFATM	72500	3,920.00	3,696.66
			GFATM	73400	240	531.06
			GFATM	74500	2,438.00	4,581.33
			GFATM	75100	2,365.00	0
			Total		6,326,685	5,168,611.75

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

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

With a view to create employment and income generation opportunities, UNDP HIV/AIDS programme in collaboration with MEDEP provided technical skill development training and created employment opportunities to 461 HIV/AIDS affected and infected people including ex-drug users. The impact study conducted at the end of the project indicated that livelihood support through entrepreneurship development could be viable income source for the PLHSs who are from the marginalized communities and whose families are no more able to depend on their sustenance agriculture or earnings from labor

The programme has also been managing the targeted intervention targeted to the Most At Risk Population such are female sex workers, men having sex with men/male sex workers, injecting drug users, migrants and their families and people living with HIV and also the other vulnerable groups. Due to the risk behavior associated with HIV infection, the most at risk population are socially excluded or are marginalized. The programme is also engaged in the capacity building of the community networks of MSM/MSW, PLHIV, IDUs (on programme management, advocacy, resource mobilization etc.) who in-turn are engaged in building the capacity of their member CBOs and mobilizing them in the HIV/AIDS response

Gender Equity is addressed by reaching both the migrants and their spouses with prevention interventions such as counseling and HIV testing, STI treatment services and linking them with other available HIV/AIDS services. Out of 146,817 migrants and their families reached through peer education and outreach activities 91,761 (57 %) were female representing wives or family members of migrants. Similarly, out of 15,618 people counseled and tested for HIV, 9,698 (62%) were female of which 48 tested HIV positive and out of 23,468 treated for sexually transmitted infection, 19,397 were female i.e. 82% of the total.

One of the challenges faced by the programme is in reaching out to female injecting drug users. Due to stigma, women IDU users still confine themselves thus making it impossible to reach them through peer educators and outreach workers. BCC/IEC programme, it was difficult to reach out women injecting drug users (approximate number of women injecting drug users in Nepal is unknown). Out of 1,434 IDUs who enrolled in the detoxification and rehabilitation centers, only 55 were women (4%).

During 5 regional NGO programme reviews conducted between November – December 2010, a total number of 37 NGOs including 2 NGO networks received the 1 hour mandatory training on UN partners in the prevention of sexual exploitation and abuse (PSEA)

Case Study

Durga Tamang is a 25 year old recovering addict from Pokhara. With the assistance of the Richmond Fellowship Nepal (RFN), Durga has been able to undergo treatment for his addiction and begin supporting his family financially by managing his own sausage stall at the Pokhara airport. He has been clean for 2 years.

Durga tried many times to stop using drugs on his own but was unsuccessful. "When I used to see my other recovering friends, I always wondered why they are able to fight their addiction and stay clean but I couldn't." It wasn't until Durga went to the Richmond Fellowship Nepal Drug Counseling, Treatment and Rehabilitation Centre that he was able to find a rehabilitation programme that enabled him to regain control of his life. Durga stayed in treatment at RFN for 5 months during which time he says that "The unconditional support of the staff and fellow brothers helped me to stand proud on my own feet."

Richmond Fellowship Nepal has been assisting drug addicts and alcoholics in Nepal since 1997 to rehabilitate and reintegrate into their families and communities. Intravenous drug use (IDU) is one of the main risk factors for HIV in Nepal-in 2001, studies showed that 68% of IDU tested positive for HIV, but due to the work of organizations like RFN, this has fallen to 20.7% in 2009. RFN is an executive member of the National Network of Drug Users and drug led organizations and also provided the first centre for women addicts in Nepal taking into account to their specific gender needs and making special provision for them.

Two years later, Durga is proud to be supporting his family through the income from his sausage stall. "I buy the everyday needs of my family like vegetables and my relationship with my family has been slowly improving". People now ask him for advice about how he found a way out of addiction; "I get respect from all peoples of my surroundings which was one of my dreams. I am living recovering life."

Durga at his sausage stall in Pokhara: "Today I'm able to live life in life's terms."

3. Implementation Challenges

- a. Fund insecurity has highly hampered the programme from running in full fledge. Contract renewal in every 2 – 3 months has created dilemma amongst the NGO partners. Moreover, there has been high staff turnover within the NGOs.
- b. Due to high turnover amongst the professional staffs, NGO partner had a difficult time delivering quality outputs both in programme implementation and reporting.
- c. Delay in submitting progress reports (programme and financial) on time by NGOs has in turn delayed the financial disbursement.
- d. Limited contract duration has hindered the NGO partners in gaining ownership over the programmes supported by UNDP and hinders the PMU in analyzing the outcome as per the objective.

4. Lessons learned and next steps

Lessons Learnt

- Regular monitoring of the programme from GON and UNDP -PMU, sharing of findings on the spot with necessary technical assistance encourages the service providers in improving services
- Improved recording and reporting system supports in producing quality reports. Hence the service providers should be regularly encouraged to maintain regular records either through mentoring visits or through review meetings.
- Since limited contract duration hampers in assessing and analyzing the performance of the counterparts, UNDP should focus on having long term contract with donors to have an effective impact of the programme over the targeted beneficiaries or donors should be encouraged in committing funds for a longer period.

Next Step

- Since DFID fund comes to an end in March, 2010, the focus of the programme will be on wrap up activities including the Five Year End of Project External Evaluation.
- Since Contract with the NGOs end in December, 2010, efforts will be geared towards ensuring timely procurement of MARP NGO services by NCASC/Logistic Management Division, MOHP under NHSP-II so that there is no gap in services.

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

No Audit was conducted in 2010. The following report only shows the follow-up from the audit conducted in 2009.

Audit areas – Findings	Impact Severity	Target date for implementation	Implementation Status (Implemented, Partially implemented, not implemented)
Enhancement of Atlas knowledge/Training needed of Finance Staffs	Lack of knowledge of Atlas	July 2009	Knowledge of financial staff on ATLAS has been improved through the training provided on 27 th September 2010.
Lack of monitoring for under & over utilization of expenditure	Donor relationship /	Ongoing	Continued generating quarterly progress

particular activities in comparison to Last Approved Budget	project performance / budgetary control mechanism		reports, analyzing the variances, discussing at the Project Executive Board Meeting and re-planning for the subsequent period.
- Refund not yet received from NGOs - NGOs, whose contracts were not extended, had not refunded unspent funds within time limit as stipulated in agreement.	Excess payment may not be recovered	December 2009	Disallowed costs and unspent funds are adjusted in subsequent payments to NGOs having ongoing agreements with UNDP. In the case of discontinued NGOs, all the disallowed costs and unspent funds have been recovered.
- Inventory procured by NGOs neither returned back nor transfer of title took place	Resource of project / Loss of property	December 2009	With the end of project it has been agreed that the assets provided to the NGOs will be handed over to the NGOs eventually.
Detail Expenditure Report does not contain the Information. Negative balances in fund code	Accountability /Reliability	December 2009	Being a system issue. Has been discussed with UNDP HQ and dealt with accordingly.