Nepal Report NCPI

NCPI **Header**

is indicator/topic relevant?: Yes
is data available?: Yes
Data measurement tool / source: NCPI
Other measurement tool / source:
From date: 02/03/2014
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Additional information related to entered data. e.g. reference to primary data source, methodological concerns::
Data related to this topic which does not fit into the indicator cells. Please specify methodology and reference to primary data source::
Data measurement tool / source: GARPR

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Describe the process used for NCPI data gathering and validation: For the purpose of administrating NCPI, two different workshops were organized; first on the 6th of March 2014 for Government representatives; and second on the 7th of March 2014 for Civil Societies Representatives including INGOs, UN and Bilateral agencies. On the both workshops the first sessions of workshops were used for informing the participants about Global Reports particularly about its requirements, indicators and process for its completion. On the 6th of March, after the first session which dealt with reporting process, the government participants were divided into four groups ; namely; Group 1) that dealt with Strategic Plan, Political Support and Leadership; and Human Rights; Group 2) dealing with Prevention and Treatment; and Group 3) dealing with Monitoring and Evaluation. These three groups filled their respective portion of NCPI working in their groups. The group work was followed by a plenary session in which each group presented their works. Discussing on the presentation of each group, the plenary completed the entire NCPI consensually. Similarly, on the 7th of March, after the first session which dealt with reporting process, the civil societies representatives were divided into two groups; namely: Group 1) that dealt with Civil Societies Involvement, Political Support and Leadership; and Human Rights; and Group 2) dealing with Prevention and Treatment. In a manner similar to the process adopted for the Government Workshop, these groups filled their respective portion of NCPI in their groups. The group works were presented in a plenary session. Working on the presentation of each group, the plenary completed the entire NCPI consensually.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions: Disagreements among participants - with respect to the responses to any specific questions – aroused due to differences in opinions and perceptions were resolved through bringing about a consensus by drawing them into discussions and arguments on the issues of disagreement. Whereas, whenever disagreements related to factual information occurred, participants were provided with accurate information to clarify on any dubious situation.

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like): Administrating NCPI among varied participants with different levels of understanding of HIV issues and familiarity with the national response is fraught with a challenge particularly in overall rating. NCPI, being purely a perceptive instrument and subjected to the understanding and familiarity of participants, may not portray an accurate picture specially when performing trend analysis of different themes of NCPI.

NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	Respondents to Part A
Ministry of Health and Population	Dr. T.R. Burlakoti,Chief Specialist, PPICD	A1,A2
National Public Health Laboratory	Dr. Geeta Shakya, Director	A1,A2
National Centre for AIDS and STD Control	Dr. Naresh Pratap KC	A3
Ministry of Women Children and Social Welfare	Mr. Krishna Kanta, Under Secretary	A3,A5
National Centre for AIDS and STD Control	Dr. Hemant Chandra Ojha, SPHO	A1,A2
National Centre for AIDS and STD Control	Mr. Shambu Kafle, SPHO	A1,A2,A3,A6
National TB Programme	Mr. Sujit Sah, TB-HIV Focal Person	A5
EDCD	Dr. Yuva Raj Pokherel, SPHO	A5
Ministry of Labour and Employment	Mr. Nabaraj Khatiwada, Sec.Officer	A4
MoHP	Dr. A. R. Pant, Assist. Director	A1,A2
DACC, Kathmandu	Ms. Nisha Timilsina, Coordinator	A4
Ministry of Home Affairs	Mr. Rishi K. Tiwari, Under Secretary	A1,A2
Ministry of Education	Mr. Narayan K. Shreshta, Under Secretary	A4
National Centre for AIDS and STD Control	Mr.Pradeep Thakur, Prog. Associate	A5
National Centre for AIDS and STD Control	Mr. Raju Joshi, Programme Officer	A5
National Centre for AIDS and STD Control	Mr. Bivesh Ojha, Surveillance Associate	A6
National Centre for AIDS and STD Control	Mr. Deepak Karki, Surveillance Officer	A1,A2,A6
National Centre for AIDS and STD Control	Ms. Sarswoti Shresthat, PO	A5
National Centre for AIDS and STD Control	Ms. Rina Khaniya. M&E Officer	A6
National Planning Commission	Mr. Chunamani Aryal, Planning Officer	A5
National Centre for AIDS and STD Control	Mr. Manoj Bhatta, Programme Coordinator	A1,A2
Ministry of Law and Justice	Ms. Indira Dahal, Under Secretary	A1,A2
Ministry of Culture, Tourism and Civil Aviation	Ms. Devi Panday (Khadka)	A3
National Centre for AIDS and STD Control	Mr. Dinesh Bista M&E Associate	A6
Health Information Management System	Mr. Mukti Khanal, Chief	A5
National Public Health Laboratory	Mr. Shrawan K. Mishra, Lab Technician	A5
Nepal Police Hospital	Ms. Ram Devi Gurung	A5

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	Respondents to Part B
NANGAN	Mr. Dal B. GC, Coordinator	B1,B2,B3
UNODC	Ms. Anju Pun, Programme Officer	B4,B5
SAARC TB and HIV AIDs Centre	Dr. Abdul Malik, Technical Officer	B1,B2,B3
UNICEF	Mr. Birendra Pradhan, Specialist	B4,B5
Dristi Nepal	Ms. Srijana Rai, OA	B4,B5
Alliance	Mr. Thakur G.	B4,B5
Blue Diamond Society	Mr. Suman Nepal	B1,B2,B3
Nepal Red Cross Society	Mr. Bal Krishna Sedain, S O	B1,B2,B3
Namuna IDC	Mr. Rajendra P. Adhikari, AO	B1,B2,B3
NAP+N	Mr. Madhabh Adhikari, PM	B4,B5
Recovering Nepal	R. Shreshtha, Vice President	B4,B5
Women Drug Users Association	Ms. Sonam Sherpa, Focal Person	B4,B5
FSGMN	Mr. Bishnu Adhikari, RI	B4,B5
FSGMN	Ms. Gauri Nepali, RSC	B4,B5
SSP/FHI	Mr. Mahesh Shrestha, SSRS	B4,B5
UNAIDS	Mr. Mahboob A. Rahman, SI Advisor	B1,B2,B3
UNAIDS	Mr. Komal Badal SI Associate	B1,B2,B3
Nepal HIV AIDS Alliance	Mr. Rishi Ojha, ED	B1,B2,B3
AMDA	Dr. Nirmal Rimal, Programme Manager	B3,B4,B5
Save the Children	Mr. Rajan Bhattarai, Deputy Chief of Party	B3,B4,B5
Save the Children	Mr. Rabindra Thapa, Senior Programme Coordinator	B3,B4,B5
Techincal Expert	Mr. Mahesh Sharma	B1,B2,B3

A.I Strategic plan

1. Has the country developed a national multisectoral strategy to respond to HIV?: Yes

IF YES, what is the period covered: 2011-2016

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one. IF NO or NOT APPLICABLE, briefly explain why.: Structured primarily around continuum of prevention to treatment, care and support, entailment's of this strategy are: Targeted Interventions, Health System Strengthening, Coordination and Management work. This apart, the strategy embraces social protection for impact mitigating, integration of HIV into Health System Integration, and Community System Strengthening for effective response to HIV.

IF YES, complete questions 1.1 through 1.10; IF NO, go to question 2.

1.1. Which government ministries or agencies have overall responsibility for the development and implementation of the national multi-sectoral strategy to respond to HIV?: Ministry of Health and Population

1.2. Which sectors are included in the multisectoral strategy with a specific HIV budget for their activities?

Education:

Included in Strategy: Yes

Earmarked Budget: Yes

Health:

Included in Strategy: Yes

Earmarked Budget: Yes

Labour:

Included in Strategy: No

Earmarked Budget: No

Military/Police:

Included in Strategy: Yes

Earmarked Budget: Yes

Social Welfare:

Included in Strategy: Yes

Earmarked Budget: Yes

Transportation:

Included in Strategy: Yes

Earmarked Budget: Yes

Women:

Included in Strategy: Yes

Earmarked Budget: Yes

Young People:

Included in Strategy: Yes

Earmarked Budget: Yes

Other: Home Affairs

Included in Strategy: Yes

Earmarked Budget: Yes

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:

1.3. Does the multisectoral strategy address the following key populations/other vulnerable populations, settings and cross-cutting issues?

KEY POPULATIONS AND OTHER VULNERABLE POPULATIONS:

Discordant couples: Yes

Elderly persons: No

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: No

People who inject drugs: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations: Yes

SETTINGS:

Prisons: Yes

Schools: Yes

Workplace: Yes

CROSS-CUTTING ISSUES:

Addressing stigma and discrimination: Yes

Gender empowerment and/or gender equality: Yes

HIV and poverty: Yes

Human rights protection: Yes

Involvement of people living with HIV: Yes

IF NO, explain how key populations were identified?:

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country?

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: No

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific key populations/vulnerable subpopulations [write in]::

: No

1.5 Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?: Yes

1.6. Does the multisectoral strategy include an operational plan?: Yes

1.7. Does the multisectoral strategy or operational plan include:

a) Formal programme goals?: Yes

b) Clear targets or milestones?: Yes

c) Detailed costs for each programmatic area?: Yes

d) An indication of funding sources to support programme implementation?: Yes

e) A monitoring and evaluation framework?: Yes

1.8. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?: Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised.: Civil societies were extensively involved in the development of the multi-sectoral strategy as they were part of the steering committee, writing team and the strategy development board. They led several of thematic groups which had major inputs during the preparation of the strategy.

IF NO or MODERATE INVOLVEMENT, briefly explain why this was the case.:

1.9. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?: Yes

1.10. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?: Yes, all partners

IF SOME PARTNERS or NO, briefly explain for which areas there is no alignment/harmonization and why:

2.1. Has the country integrated HIV in the following specific development plans?

SPECIFIC DEVELOPMENT PLANS:

Common Country Assessment/UN Development Assistance Framework: Yes

National Development Plan: Yes

Poverty Reduction Strategy: Yes

National Social Protection Strategic Plan: Yes

Sector-wide approach: Yes

Other [write in]: Other Poverty Alleviation Fund, Micro enterprise Development Programme

: N/A

2.2. IF YES, are the following specific HIV-related areas included in one or more of the develop-ment plans?

HIV-RELATED AREA INCLUDED IN PLAN(S):

Elimination of punitive laws: Yes

HIV impact alleviation (including palliative care for adults and children): Yes

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support: Yes

Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support: Yes

Reduction of stigma and discrimination: Yes

Treatment, care, and support (including social protection or other schemes): Yes

Women's economic empowerment (e.g. access to credit, access to land, training): Yes

Other [write in]:

:

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?: No

3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evalua¬tion informed resource allocation decisions?: 3

4. Does the country have a plan to strengthen health systems?: No

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications and children: Strengthening the Health Systems helped scaling up Anti-Retroviral Sites, elimination of Vertical Transmission Coverage, initiating External Quality Monitoring Mechanisms (EQAS) under the aegis of National Public Health Laboratory, integrating HIV related indicators into Health Management Information System, expansion of Voluntary Counselling and Testing (VCT) services into Primary Health Care Centers.

5. Are health facilities providing HIV services integrated with other health services?

a) HIV Counselling & Testing with Sexual & Reproductive Health: Few

b) HIV Counselling & Testing and Tuberculosis: Few

c) HIV Counselling & Testing and general outpatient care: Few

d) HIV Counselling & Testing and chronic Non-Communicable Diseases: None

e) ART and Tuberculosis: Many

f) ART and general outpatient care: None

g) ART and chronic Non-Communicable Diseases: None

h) PMTCT with Antenatal Care/Maternal & Child Health: Many

i) Other comments on HIV integration: :

6. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate strategy planning efforts in your country’s HIV programmes in 2013?: 4

Since 2011, what have been key achievements in this area: There convergence of major services like VCT, ART and PMTCT is clearly seen at hospitals in some districts where same provider offer both PMTCT services and SRH services. A coordination mechanism has been established to integrate reproductive health services with HIV programmes. The National Centre for AIDS and STD Control (NCASC) has initiated the process of transferring its procurement and supply chain management functions to the Logistics Management Division (LMD). The National Public Health Laboratory (NPHL) is leading the capacity building activities for the public- and NGO-run HIV testing laboratories and management of viral load and CD4 testing including the participation in the external quality assurance system (EQAS). ART sites screen all patients for TB, while Directly Observed Treatment Short-course (DOTS) centres refer their patients to HTC sites.

What challenges remain in this area:: There is no planning that depicts time line, activities, responsibility to carry forward the integration in a planned manner.

A.II Political support and leadership

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year?

A. Government ministers: Yes

B. Other high officials at sub-national level: Yes

1.1. In the last 12 months, have the head of government or other high officials taken action that demonstrated leadership in the response to HIV?: Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership: The World AIDS Day celebration, Global Fund for AIDS TB and Malaria (GFATM) Board meetings are the major events where high officials have demonstrated leadership.

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?: Yes

IF NO, briefly explain why not and how HIV programmes are being managed::

2.1. IF YES, does the national multisectoral HIV coordination body:

Have terms of reference?: Yes

Have active government leadership and participation?: No

Have an official chair person?: Yes

IF YES, what is his/her name and position title?: Rt. Honourable Mr. Sushil Koirala, Prime Minister, Government of Nepal

Have a defined membership?: Yes

IF YES, how many members?: 56 members

Include civil society representatives?: Yes

IF YES, how many?: 17 members

Include people living with HIV?: Yes

IF YES, how many?: 2 members

Include the private sector?: Yes

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?: No

3. Does the country have a mechanism to promote coordinationbetween government, civil societyorganizations, and the private sector for implementing HIV strategies/programmes?: Yes

IF YES, briefly describe the main achievements:: District AIDS Committee at the local level ensures interaction between government, civil society and private sector while implementing programmes. Country Coordination Mechanism for GFATM promotes interaction between government, civil society organization and the private sector at the national level. Federation of Nepalese Chamber of Commerce and Industries has been involved in response to HIV through Business Coalition Against AIDS Nepal.

What challenges remain in this area:: Though there are a number of coordination mechanisms but these mechanisms are not fully functional.

4. What percentage of the national HIV budget was spent on activities implemented by civil society in the past year?:

5. What kind of support does the National HIV Commission (or equivalent) provide to civil society organizations for the implementation of HIV-related activities?

Capacity-building: No

Coordination with other implementing partners: Yes

Information on priority needs: No

Procurement and distribution of medications or other supplies: No

Technical guidance: No

Other [write in]:

: No

6. Has the country reviewed national policies and laws to determine which, if any, are incon-sistent with the National HIV Control policies?: No

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?: No

IF YES, name and describe how the policies / laws were amended:

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies::

7. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the political support for the HIV programme in 2013?: 6

Since 2011, what have been key achievements in this area:: Political support has been expressed in different forum such AIDS day and AIDS conference where high level political leaders has shown their commitment for noble cause of HIV.

What challenges remain in this area:: Political commitment remains only in paper but translated not in action.

A.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable groups? Select yes if the policy specifies any of the following key populations and vulnerable groups:

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: Yes

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]:

: No

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?: Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:: The Article 12 of the Present constitution (namely: Interim Constitution) enshrines every Nepali citizen with the right to equality.

Briefly explain what mechanisms are in place to ensure these laws are implemented:: There are several commissions in place notably National Human Rights Commission, National Women Commission and National Dalit Commission which keep their watch on violations or infringements of these laws while Police force and District Administration Office work as law enforcing agencies.

Briefly comment on the degree to which they are currently implemented:: Implemented to large extent.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and vulnerable groups?: Yes

IF YES, for which key populations and vulnerable groups?:

People living with HIV: No

Elderly persons: No

Men who have sex with men: No

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: No

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]::

: No

Briefly describe the content of these laws, regulations or policies:: Nepalese laws are either ambiguous or silence on the issue of criminality of transactional sex that leave space for the law enforcement agencies to have their own interpretation of these laws.

Briefly comment on how they pose barriers:: The above-mentioned situations pose barriers to distribution of needle syringe to People Who Inject Drugs (PWID) as well as distribution of condoms to sex workers.

A.IV Prevention

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?: Yes

IF YES, what key messages are explicitly promoted?:

Delay sexual debut: Yes

Engage in safe(r) sex: Yes

Fight against violence against women: Yes

Greater acceptance and involvement of people living with HIV: Yes

Greater involvement of men in reproductive health programmes: Yes

Know your HIV status: Yes

Males to get circumcised under medical supervision: No

Prevent mother-to-child transmission of HIV: Yes

Promote greater equality between men and women: Yes

Reduce the number of sexual partners: Yes

Use clean needles and syringes: Yes

Use condoms consistently: Yes

Other [write in]::

: No

1.2. In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?: Yes

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?: Yes

2.1. Is HIV education part of the curriculum in:

Primary schools?: Yes

Secondary schools?: Yes

Teacher training?: Yes

2.2. Does the strategy include

a) age-appropriate sexual and reproductive health elements?: Yes

b) gender-sensitive sexual and reproductive health elements?: Yes

2.3. Does the country have an HIV education strategy for out-of-school young people?: Yes

3. Does the country have a policy or strategy to promote information, education and communi-cation and other preventive health interventions for key or other vulnerable sub-populations?: Yes

Briefly describe the content of this policy or strategy:: The country strategy features Behavior Change Communication activities in the package of targeted interventions.

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

People who inject drugs: Condom promotion,Drug substitution therapy,HIV testing and counseling,Needle & syringe exchange,Reproductive health, including sexually transmitted infections prevention and treatment,Stigma and discrimination reduction,Targeted information on risk reduction and HIV education,Vulnerability reduction (e.g. income generation)

Men who have sex with men: Condom promotion,HIV testing and counseling,Reproductive health, including sexually transmitted infections prevention and treatment,Stigma and discrimination reduction,Targeted information on risk reduction and HIV education,Vulnerability reduction (e.g. income generation)

Sex workers: Condom promotion,HIV testing and counseling,Reproductive health, including sexually transmitted infections prevention and treatment,Stigma and discrimination reduction,Targeted information on risk reduction and HIV education,Vulnerability reduction (e.g. income generation)

Customers of sex workers: Condom promotion,HIV testing and counseling,Reproductive health, including sexually transmitted infections prevention and treatment,Stigma and discrimination reduction,Targeted information on risk reduction and HIV education,Vulnerability reduction (e.g. income generation)

Prison inmates: Condom promotion,HIV testing and counseling,Reproductive health, including sexually transmitted infections prevention and treatment,Stigma and discrimination reduction,Targeted information on risk reduction and HIV education,Vulnerability reduction (e.g. income generation)

Other populations [write in]:: Migrants

: Condom promotion,HIV testing and counseling,Reproductive health, including sexually transmitted infections prevention and treatment,Stigma and discrimination reduction,Targeted information on risk reduction and HIV education,Vulnerability reduction (e.g. income generation)

3.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate policy efforts in support of HIV prevention in 2013?: 8

Since 2011, what have been key achievements in this area:: The 2011 IBBS indicated that 85% of FSW in Kathmandu were reached by HIV prevention services in 2011, compared to 60% in 2008 (IBBS Kathmandu 2008). The IBBS 2011 indicated that 95.3% of PWID in Kathmandu Valley reported using sterile injecting equipment. Condom use for PWID with commercial partners is reportedly high, at 87% (IBBS Kathmandu 2011). In 2012, prevention programs were reaching 64% of MSM (IBBS MSM Kathmandu, 2012), including 79.3% of MSWs (IBBS MSM Kathmandu 2012), In 2012, some 86.3% of MSM reported practising safe sex (IBBS MSM Kathmandu, 2012). Among MSWs and TG SWs, 90.4% used a condom (IBBS MSM/TG, 2012) and 82% used lubricant during anal sex with the last commercial partner (2010 Mapping & Size Estimation). Apart from the achievements mentioned above, some policy provisions have also been made in different government sectors. Ministry of education has incorporated the HIV/AIDS issues in to school level curriculum. Ministry of Labour Employment has developed a provision of orientation to the foreign labour migrants in pre-departure stage. Similarly, Ministry of Culture, Tourism and Civil Aviation has the provision of HIV test for the liaison officers. Ministry of Law and Justice has developed a legal provision (HSCB formation order) for the formation of HIV and STD control Board. Ministry of Home Affairs is currently reviewing drug control policies. National Planning has also addressed the HIV/AIDS related issues in the Approach Paper for the National Periodic Plan (13th Three Year Plan). In a same way, Ministry of Women, Children and Social Welfare has incorporated HIV/AIDS related contents in its various training manuals. In addition it has approved and implemented the National Minimum Standard of care and protection including HIV/AIDS for Affected of Human Trafficking.

What challenges remain in this area:: • Hard to cover labour migrants in neighboring countries. • Limited coverage of HIV Programmes for Labour Migrants: A 2011 report on Migration and HIV-related Risk and Vulnerability among Migrants from Nepal indicated that only 14% of all migrants in the country were covered by HIV programs, with coverage of migrants in the West and Far West particularly limited, at 5.6% and 8.3% respectively. Some 3.6% of returning male labour migrants surveyed during the 2012 IBBS had had an HIV test within the last 12 months (IBBS 2012). • PWID – female are hard to reach. Overwhelming response of HIV has pushed other STI to oblivious. VCT services are urban and highway centric. Overlapping risks such as transaction sex and Injecting drug use are also being observed among People Who Use Drugs (PWID) female. • Limited access of VCT Centres

4. Has the country identified specific needs for HIV prevention programmes?: Yes

IF YES, how were these specific needs determined?: • Routine mechanisms such as review of programmatic data, • Periodic mechanisms such as programme evaluation, • Surveys are taken as tools to determine specific needs. • Consultation with the stakeholders

IF YES, what are these specific needs? : • Identification of specific target groups. • Expansion of program coverage especially for labour migrants, and for pregnant women. • Massive coverage of awareness programmes through the use mass media.

4.1. To what extent has HIV prevention been implemented?

The majority of people in need have access to…:

Blood safety: Strongly agree

Condom promotion: Strongly agree

Economic support e.g. cash transfers: Disagree

Harm reduction for people who inject drugs: Agree

HIV prevention for out-of-school young people: Agree

HIV prevention in the workplace: Agree

HIV testing and counseling: Agree

IEC on risk reduction: Agree

IEC on stigma and discrimination reduction: Disagree

Prevention of mother-to-child transmission of HIV: Agree

Prevention for people living with HIV: Agree

Reproductive health services including sexually transmitted infections prevention and treatment: Agree

Risk reduction for intimate partners of key populations: Agree

Risk reduction for men who have sex with men: Agree

Risk reduction for sex workers: Agree

Reduction of gender based violence: Agree

School-based HIV education for young people: Agree

Treatment as prevention: Agree

Universal precautions in health care settings: Agree

Other [write in]::

:

5. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in implementation of HIV prevention programmes in 2013?: 6

A.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

If YES, Briefly identify the elements and what has been prioritized:: Following are elements of package of HIV treatment, care and support that have rolled out in the country: • Common OI management • ART • Co-infection Management, cross referral mechanism for TB-HIV collaboration (IPT, CPT Prophylaxis, xene - X pert) • Clinical monitoring including drug reaction • Care and support service package entailing community home-base care and community care center • Early Infant Diagnosis • Opoid Substitution Therapy (OST) • viral load testing • POC CD4 testing • STI diagnosis and treatment, • Elimination of Vertical Transmission (PMTCT)

Briefly identify how HIV treatment, care and support services are being scaled-up?: Expansion of service sites and service components are scaled up based upon size estimation and geographical prioritization.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access to…:

Antiretroviral therapy: Agree

ART for TB patients: Agree

Cotrimoxazole prophylaxis in people living with HIV: Disagree

Early infant diagnosis: Disagree

Economic support: Disagree

Family based care and support: Agree

HIV care and support in the workplace (including alternative working arrangements): Disagree

HIV testing and counselling for people with TB: Agree

HIV treatment services in the workplace or treatment referral systems through the workplace: Strongly disagree

Nutritional care: Agree

Paediatric AIDS treatment: Agree

Palliative care for children and adults Palliative care for children and adults: Disagree

Post-delivery ART provision to women: Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Strongly disagree

Post-exposure prophylaxis for occupational exposures to HIV: Strongly agree

Psychosocial support for people living with HIV and their families: Agree

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: Agree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV: Agree

Treatment of common HIV-related infections: Agree

Other [write in]::

:

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?: Yes

Please clarify which social and economic support is provided: Social support contains Free Testing and treatment, CHBC and community care center services , advocacy and training to reduce Stigma and discrimination, involvement of PLHA in program following Greater Involvement of People with AIDS (GIPA) and MIPA; while economic support : income generation activities, transportation cost for laboratory purposes, skill development training, life skill training, vocational training, , economic support to Children Affected by AIDS (CABA).

3. Does the country have a policy or strategy for developing/using generic medications or parallel importing of medications for HIV?: No

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral therapy medications, condoms, and substitu-tion medications?: No

IF YES, for which commodities?:

5. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2013?: 5

Since 2011, what have been key achievements in this area:: Coverage has increased, service sites scaled up, enrollment in ART increased. No stock out of essential ARV, CHBC and CCC established and are under operation, Isonaized Prevention Therapy (IPT) initiated and now its cover increased with implementation of TB-HIV collaborative program HIV new infection are in as decreasing trend, reduced AIDS related death, no known case of mother to child transmission in recent years, effective OST program scale up, condom use rate is increased.

What challenges remain in this area:: • Drug resistance monitoring and Early Warning Information are not effectively put in place. • Quick turn over of human resources in particularly clinical area is challenge. • Geographical constraints hampering to access for clinical diagnosis and other relevant services. • Not well established TB-HIV cross referral, low coverage in IPT. • Low coverage in OST, • Stigma and discrimination prevailing as barriers • In adequate social and economic support.

6. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?: Yes

6.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: Yes

6.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: No

7. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2013?: 0

Since 2011, what have been key achievements in this area::

What challenges remain in this area:: • Requirement of need analysis for economic and social support to orphan and vulnerable child. • Design, implement program based on the need analysis and support to OVC.

A.VI Monitoring and evaluation

1. Does the country have one national Monitoring and Evaluation (M&E) plan for HIV?: Yes

Briefly describe any challenges in development or implementation:: • Inadequate human resources • Weak sub national Monitoring and Evaluation (M & E) • Weak sentinel surveillance in place • Inadequately functional database • Delayed implementation of National Plan on HIV and STI Surveillance • No system in place to identify duplication of case • Size estimation of Key population not done after 2010

1.1. IF YES, years covered: 2012-2016

1.2. IF YES, have key partners aligned and harmonized their M&E requirements (including indi-cators) with the national M&E plan?: Yes, some partners

Briefly describe what the issues are:: • Reporting mechanism not followed • Some partners don't follow national reporting template and don't report to NCASC • Different partners have different database • Process of Data quality assessment not being shared by partner

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy: Yes

IF YES, does it address::

Behavioural surveys: Yes

Evaluation / research studies: Yes

HIV Drug resistance surveillance: Yes

HIV surveillance: Yes

Routine programme monitoring: Yes

A data analysis strategy: Yes

A data dissemination and use strategy: Yes

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate): Yes

Guidelines on tools for data collection: Yes

3. Is there a budget for implementation of the M&E plan?: Yes

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?:

4. Is there a functional national M&E Unit?: Yes

Briefly describe any obstacles:: • Inadequate Human Resource to implement National M & E guideline properly • No functional online database system • No implementation of capacity building plan as per National M & E guideline

4.1. Where is the national M&E Unit based?

In the Ministry of Health?: Yes

In the National HIV Commission (or equivalent)?: No

Elsewhere?: No

If elsewhere, please specify:

4.2. How many and what type of professional staff are working in the national M&E Unit?

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
Senior Public Health Officer (SI Focal Person)	Full-time	2006
Statistical Officer	Full-time	2013

POSITION [write in position titles]	Fulltime or Part-time?	Since when?
Surveillance Officer	Full-time	2009
Monitoring and Evaluation Officer (Global Fund)	Full-time	Currently vacant
Surveillance Associate (Global Fund)	Full-time	2012
Monitoring and Evaluation Officer (Target Intervention)	Full-time	2012
Monitoring and Evaluation Associate(Global Fund)	Full-time	2009
Monitoring and Evaluation Assistant (Global Fund)	Full-time	2006
Database/MIS Associate (Global Fund)	Full-time	2009

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?: Yes

Briefly describe the data-sharing mechanisms:: • Annual Progress Report on National Response to HIV (NCASC Annual Report) • Monthly Fact Sheets (HIV case report, ART, PMTCT) • Annual Epi and Programme Fact Sheets • IBBS Reports, including fact-sheets • Annual Report of Department of Health Services (HIV/AIDS Chapter) • Nepal Country Progress Report for UNGASS and UA Progress Report • Estimation and Projection Reports • Reports/Fact-sheets of various researches/Survey • District AIDS Profile (and Annual Report of District AIDS Coordination Committees)

What are the major challenges in this area:: • Not Timely reporting • Poor Feedback mechanism • Sub optimal Quality of data • Low Retention of staff • Tardy Manual Data Management • turnover of M & E personnel at sub-national level • No central online database

5. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?: No

6. Is there a central national database with HIV- related data?: Yes

IF YES, briefly describe the national database and who manages it.: • Managed by database/MIS associate.

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?: Yes, all of the above

IF YES, but only some of the above, which aspects does it include?:

6.2. Is there a functional Health Information System?

At national level: Yes

At subnational level: Yes

IF YES, at what level(s)?: National Level: HMIS and sub-national Level: District health data (HMIS)

7.1. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?: Estimates of Current and Future Needs

7.2. Is HIV programme coverage being monitored?: Yes

(a) IF YES, is coverage monitored by sex (male, female)?: Yes

(b) IF YES, is coverage monitored by population groups?: Yes

IF YES, for which population groups?: • PWIDs (People who Inject Drugs) • MSM/TG (Men Who sex with Men) / Transgender • FSW (Female Sex workers) and their clients • MLM (Male Labour Migrants)

Briefly explain how this information is used:: • Reporting on national and international commitments, Program designing including Target setting, Estimations and projection, Advocacy, and; production of report.

(c) Is coverage monitored by geographical area?: Yes

IF YES, at which geographical levels (provincial, district, other)?: • PWIDs (National) • FSW (Kathmandu valley, Pokhara Valley, 22 terai Highway districts) • MSM (Kathmandu Valley) • MLM (west region and Mid-far west region)

Briefly explain how this information is used:: • Reporting on national and international commitments, Program designing including Target setting, Estimations and projection, Advocacy, and; production of report.

8. Does the country publish an M&E report on HIV, including HIV surveillance data at least once a year?: Yes

9. How are M&E data used?

For programme improvement?: Yes

In developing / revising the national HIV response?: Yes

For resource allocation?: Yes

Other [write in]::

: No

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:: Data are used for the following purposes: • Performance monitoring • Results (outcome and impact) assessment • Prepare reports and meet reporting requirements • Improve programme implementation • HIV infections estimations and projections • Needs calculation, target setting, and quantification of HIV related commodities and supplies • Review of national response by component, strategic planning, and allocate resources • Information generation for programme improvement, and public message • Express accountability – donors, government and people • Evaluation – effectiveness, quality and coverage • Advocacy Main Challenges • Data quality • Representation/coverage

10. In the last year, was training in M&E conducted

At national level?: Yes

IF YES, what was the number trained::

At subnational level?: Yes

IF YES, what was the number trained:

At service delivery level including civil society?: Yes

IF YES, how many?:

10.1. Were other M&E capacity-building activities conducted other than training?: Yes

IF YES, describe what types of activities: • Regional review • National review • Data Quality Audit (DQA) • Onsite coaching & Regular monitoring

11. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the HIV-related monitoring and evaluation (M&E) in 2013?: 5

Since 2011, what have been key achievements in this area:: • IBBS Surveys (MSM, MLM, FSW, PWIDs) • M & E guideline finalized • Surveillance guideline disseminated • Research agenda disseminated • More than 150 personnel trained on M & E • M&E Products: epi factsheets, annual report, web updates • Other national M&E tool kits developed and updated-data verification and use protocol, • Submitted global commitments reports as required. • Infection estimates 2012 • Two rounds of DQA conducted • Surveillance training • DQA training • TI M & E training

What challenges remain in this area:: • Not Timely implementation of surveys as per the national SI plan. • Sub optimal Data Management • Centrally management national database in not in place. • High Staff turnover • Not Timely reporting • Sub optimal Quality of data • Inadequate Feedback mechanism

B.I Civil Society involvement

1. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) has civil society contrib¬uted to strengthening the political commitment of top leaders and national strategy/policy formulations?: 2

Comments and examples:: CSOs contributions in the following were of a remarkable proportion: • 4th AIDS conference , inaugurated by President • Preparation of National HIV Investment Plan (2014-2016) • Mid-term review of national strategy plan on HIV and AIDS

2. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) have civil society repre¬sentatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?: 3

Comments and examples:: • Inputs of CSO were included for Strategy, National HIV Investment Plan (2014-2016) and, National Review and other preparation of other reports.

3. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) are the services provided by civil society in areas of HIV prevention, treatment, care and support included in:

a. The national HIV strategy?: 4

b. The national HIV budget?: 4

c. The national HIV reports?: 3

Comments and examples:: • National HIV Investment Plan (NHIP) even disaggregates oral substation and Men Who Sex With Men (MSM)/ Transgender (TG) ensuring the inputs from CSOs. • Local level actions are not reflected in the national report for example several local Community Based Organizations (CBOs) are providing school enrollment support in coordination with

local Village Development Committees (VDCs)

4. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society included in the monitoring and evaluation (M&E) of the HIV response?

a. Developing the national M&E plan?: 3

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?: 0

c. Participate in using data for decision-making?: 3

Comments and examples:: • Point “B” currently does not existed.

5. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, community based organisations , and faith-based organizations)?: 4

Comments and examples::

6. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) is civil society able to access:

a. Adequate financial support to implement its HIV activities?: 2

b. Adequate technical support to implement its HIV activities?: 2

Comments and examples:: • Money is there but access to money is minimal due to administrative bottleneck. • There is no formal technical support system in place. It is largely guided by project base support.

7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?

Prevention for key-populations:

People living with HIV: 51–75%

Men who have sex with men: >75%

People who inject drugs: 51–75%

Sex workers: >75%

Transgender people: >75%

Palliative care : <25%

Testing and Counselling: 25-50%

Know your Rights/ Legal services: <25%

Reduction of Stigma and Discrimination: >75%

Clinical services (ART/OI): <25%

Home-based care: >75%

Programmes for OVC: >75%

8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2013?: 4

Since 2011, what have been key achievements in this area:: • Active participation of CSOs in National HIV Investment Plan (NHIP), Mid term review, National Strategy Plan,, High Level Meeting review . • Activation of CSOs for participation in Country Coordination Mechanism (CCM) • Inclusion of HCV programme in National HIV Investment Plan (NHIP, Global Fund proposal largely , if not solely, paying attention to voice raised by CSOs.

What challenges remain in this area:: • Inadequate capacity of CSO in programme planning and monitoring. • HIV policy is yet to be enacted.

B.II Political support and leadership

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?: Yes

IF YES, describe some examples of when and how this has happened:: Government has ensured involvement of key populations in the following events: • National Strategy Plan, National HIV Investment Plan (NHIP), and Global Fund (GF) proposal Whereas the following institutions have structural representations of these key populations: • Steering committees of different national documents • Country Coordination Mechanism (CCM) • District AIDS Coordination Committee (DACC), National AIDS Council (NAC)

B.III Human rights

1.1. Does the country have non-discrimination laws or regulations which specify protections for specific key populations and other vulnerable subpopulations? Circle yes if the policy specifies any of the following key populations:

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: Yes

Men who have sex with men: Yes

Migrants/mobile populations: Yes

Orphans and other vulnerable children: Yes

People with disabilities: Yes

People who inject drugs: No

Prison inmates: No

Sex workers: No

Transgender people: Yes

Women and girls: Yes

Young women/young men: Yes

Other specific vulnerable subpopulations [write in]::

: No

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?: Yes

IF YES to Question 1.1 or 1.2, briefly describe the contents of these laws:: Article 12 – Right to equality of the Interim Constitution

Briefly explain what mechanisms are in place to ensure that these laws are implemented:: The following structures are in place to act as watchdog institutions to ensure the laws are implemented : • National Human Right Commission (NHRC) • National Women Commission (NWC) • Dalit Commission • District Administration Office and Human right cell in police • Janajati Mahasang

Briefly comment on the degree to which they are currently implemented:: • Though it's clearly mentioned in law but varies in implementation.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?: Yes

2.1. IF YES, for which sub-populations?

KEY POPULATIONS and VULNERABLE SUBPOPULATIONS:

People living with HIV: No

Men who have sex with men: Yes

Migrants/mobile populations: No

Orphans and other vulnerable children: No

People with disabilities: No

People who inject drugs: Yes

Prison inmates: Yes

Sex workers: Yes

Transgender people: Yes

Women and girls: No

Young women/young men: No

Other specific vulnerable populations [write in]::

: No

Briefly describe the content of these laws, regulations or policies:: • Narcotic Control Drug Act (NCDA) • Public Offense Act • Prison Management Act

Briefly comment on how they pose barriers:: • Narcotic Control Drug Act (NCDA) - restricts exchange of needles and syringes, OST taken as a control substance and not medically. • Public Offense Act - sex in exchange of money and goods is illegal. • Prison Management Act Restricts HIV prevention programmes like OST, VCT, and at times becomes barriers to ART access.

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?: Yes

Briefly describe the content of the policy, law or regulation and the populations included.: • Anti Human trafficking law • Domestic violence act • Child labour act • Marriage act • National Minimum Standard of care and protection for victims of human trafficking • Nation Action Plan for convention of elimination of all kind discrimination against women • National Action Plan on gender equality and women empowerment • National Action Plan against Gender Based Violence • One stop crisis centre for GBV victims

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?: Yes

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:: • HIV Policy 2011 • National HIV/AIDS Strategy 2011-16

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and other vulnerable populations?: Yes

IF YES, briefly describe this mechanism:: • NGO mechanism is there to record the cases • National Human Right Commission also has a HIV cell however; it is not being properly recorded. • District AIDS Coordination Committee (DACC) also records the cases.

6. Does the country have a policy or strategy of free services for the following? Indicate if these services are provided free-of-charge to all people, to some people or not at all (circle “yes” or “no” as applicable).

Antiretroviral treatment:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV prevention services:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

HIV-related care and support interventions:

Provided free-of-charge to all people in the country: Yes

Provided free-of-charge to some people in the country: No

Provided, but only at a cost: No

If applicable, which populations have been identified as priority, and for which services?: • Drug and service is free however associated cost is not free. E.g. nutrition, transportation, palliative case.

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?: Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?: Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?: Yes

IF YES, Briefly describe the content of this policy/strategy and the populations included:: • National Health Policy and all other policies falling under the remit of National Health Policy including National HIV strategy puts emphasis on health for all.

8.1. IF YES, does this policy/strategy include different types of approaches to ensure equal access for different key populations and/or other vulnerable sub-populations?: Yes

IF YES, briefly explain the different types of approaches to ensure equal access for different populations:: • Interventions targeted differently for key affected populations.

9. Does the country have a policy or law prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?: Yes

IF YES, briefly describe the content of the policy or law:: • Work place policy does not allow HIV screening.

10. Does the country have the following human rights monitoring and enforcement mechanisms?

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work: Yes

b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: No

IF YES on any of the above questions, describe some examples::

11. In the last 2 years, have there been the following training and/or capacity-building activities:

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?: Yes

b. Programmes for members of the judiciary and law enforcement46 on HIV and human rights issues that may come up in the context of their work?: No

12. Are the following legal support services available in the country?

a. Legal aid systems for HIV casework: Yes

b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: Yes

13. Are there programmes in place to reduce HIV-related stigma and discrimination?: Yes

IF YES, what types of programmes?:

Programmes for health care workers: Yes

Programmes for the media: Yes

Programmes in the work place: No

Other [write in]::

: No

14. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2013?: 6

Since 2011, what have been key achievements in this area:: • Government has become more vigilant and strict in implementing actions against gender based violence.

What challenges remain in this area:: • The issue of HIV is decreasingly drawing attention of human rights organizations.

15. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the effort to implement human rights related policies, laws and regulations in 2013?: 4

Since 2011, what have been key achievements in this area:: • Government seems serious in implementing policies against Gender based violence and other gender related issues.

What challenges remain in this area:: • Programme is being more focused in Test Treat and Retain rather than social enablers, not in policy environment.

B.IV Prevention

1. Has the country identified the specific needs for HIV prevention programmes?: Yes

IF YES, how were these specific needs determined?: • Evidence based intervention (IBBS Survey, CBS report, National Strategy Plan, Country epidemic. • Based on costed action plan (Nation HIV Investment Plan)

IF YES, what are these specific needs? : The specific needs are scale up in the following areas: • Targeted Intervention • Outreach activities, BCC/IEC • Condom Program • STI/HTC Program • Opium Substitution Therapy (OST) • Elimination of Vertical Transmission • Residential program • Early Infant Diagnosis (EID) • Custody setting • Test, Treat and Retain (TTR) • Harm Reduction • Community Test and Treat Competence (CTTC) • Hepatitis B, C interventions • Children Affected by AIDS and orphan and vulnerable children (CABA/OVC) program

1.1 To what extent has HIV prevention been implemented?

The majority of people in need have access to…:

Blood safety: Agree

Condom promotion: Agree

Harm reduction for people who inject drugs: Agree

HIV prevention for out-of-school young people: Disagree

HIV prevention in the workplace: Disagree

HIV testing and counseling: Agree

IEC on risk reduction: Agree

IEC on stigma and discrimination reduction: Agree

Prevention of mother-to-child transmission of HIV: Agree

Prevention for people living with HIV: Agree

Reproductive health services including sexually transmitted infections prevention and treatment: Agree

Risk reduction for intimate partners of key populations: Disagree

Risk reduction for men who have sex with men: Agree

Risk reduction for sex workers: Agree

School-based HIV education for young people: Agree

Universal precautions in health care settings: Agree

Other [write in]::

:

2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV prevention programmes in 2013?: 7

Since 2011, what have been key achievements in this area:: • Targeted intervention program from the government for more than a decade • Female Drug Users Program started since 2011 • Female Sex Workers Programme till 2016 • FP/HIV integrated programme initiated • HIV prevalence and New infections decreased • Coverage expansion (ART, PMTCT, HTC, OST) • National Investment Plan 2014-2016 prepared • National Program Review 2013 conducted

What challenges remain in this area:: • Inadequate access to services (HTC, ART, PMTCT). • HIV services in work place not in really implementation. • Funding challenges for FIDUs. • Hepatitis B, C among HIV population has not been addressed properly. • Commodities stock out especially lubricants. • Harassment from law enforcement units while carrying condoms, needle/syringe. • Lack of comprehensive knowledge on prevention program. • No HIV prevention program in close setting (keeping in custody).

B.V Treatment, care and support

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?: Yes

IF YES, Briefly identify the elements and what has been prioritized:: • ART, OI Prophylaxis, TB/HIV, PMTCT, OST, CCC, CHBC, Nutrition support to PLHIV, Isoniazid Prevention Therapy, PEP, EID, Hep B, Hep C, Post rehabilitation centre (PRC).

Briefly identify how HIV treatment, care and support services are being scaled-up?: • Increased ART and PMTCT, CCC, CHBC, OST, PRC sites in number as well as geographical coverage.

1.1. To what extent have the following HIV treatment, care and support services been implemented?

The majority of people in need have access to…:

Antiretroviral therapy: Agree

ART for TB patients: Agree

Cotrimoxazole prophylaxis in people living with HIV: Strongly agree

Early infant diagnosis: Disagree

HIV care and support in the workplace (including alternative working arrangements): Disagree

HIV testing and counselling for people with TB: Disagree

HIV treatment services in the workplace or treatment referral systems through the workplace: Strongly disagree

Nutritional care: Disagree

Paediatric AIDS treatment: Agree

Post-delivery ART provision to women: Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault): Strongly disagree

Post-exposure prophylaxis for occupational exposures to HIV: Agree

Psychosocial support for people living with HIV and their families: Agree

Sexually transmitted infection management: Agree

TB infection control in HIV treatment and care facilities: Disagree

TB preventive therapy for people living with HIV: Agree

TB screening for people living with HIV: Strongly agree

Treatment of common HIV-related infections: Agree

Other [write in]::

:

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 6

Since 2011, what have been key achievements in this area:: • ART, PMTCT Site Scale up • PMTCT integration in ANC is scaling up • ART/PMTCT integration and site scale up • TB screening to all HIV positive cases • Retention on ART is high • Almost all eligible for ART are receiving ART • Zero stock out of ARV drugs • TB/HIV sites scale up

What challenges remain in this area:: • HIV Testing facilities are limited • Poor Maintenance of CD4 machine • HIV positive people death increased (9%) • Tracking of loss to follow up is a challenge • Clinical monitoring is very weak • Cut-off point for CD4 with 500 will increase the ART enrollment, how to address

2. Does the country have a policy or strategy to address the needs of orphans and other vulnerable children?: Yes

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?: Yes

2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?: Yes

3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2013?: 4

Since 2011, what have been key achievements in this area:: • National HIV/AIDS Strategy 2011-2016 has addressed CABA • Transitional Guideline developed and finalized • Implementation plan finalized

What challenges remain in this area:: • Not able to cover entire affected children, only infected children were planned to cover as per the transitional guideline. • Not able to incorporate in the government social protection framework.