NEPAL FINAL REPORT

May 2001–March 2007

USAID'S IMPLEMENTING AIDS PREVENTION AND CARE (IMPACT) PROJECT

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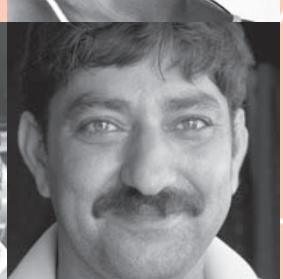
Impact Implementing AIDS Prevention and Care Project











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Nepal Final Report
May 2001–March 2007

for

USAID's Implementing AIDS Prevention and Care (IMPACT) Project

Nepal Final Report

Submitted to USAID

By Family Health International

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CONTENTS

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Family Health International (FHI) is immensely grateful to the United States Agency for International Development (USAID)/Nepal for providing continuous guidance, support, and funding throughout the life of the IMPACT project in Nepal. USAID's commitment to HIV/AIDS prevention, care, and mitigation helped to increase resources available in Nepal to support the national HIV/AIDS response.

We are also thankful for our strong partnership with the Government of Nepal—especially the National Center for AIDS and STD Control (NCASC)—with whom FHI has been able to support national HIV/AIDS initiatives in Nepal.

A special thanks to all of the IMPACT implementing agencies for their long-term commitment and dedication in this field—and to the people and communities with whom we work closely in the field, as these individuals and groups are most affected by this epidemic.

The IMPACT/Nepal program was managed by a dedicated team based in Kathmandu and Bangkok who showed unwavering commitment to this important work. We are grateful for the invaluable contribution of these staff members as well as the many local, regional, and international consultants who provided programmatic and technical guidance that enhanced and strengthened IMPACT's reach and effectiveness.

FHI looks forward to continuing to support a national comprehensive response to the HIV/AIDS epidemic in Nepal with both governmental and nongovernmental partners. With commitment and collaboration, together we have many shared accomplishments and we can achieve even more with the common goal of reducing the impact of HIV/AIDS in Nepal.

GLOSSARY OF ACRONYMS

AIDS	Acquired immunodeficiency syndrome
AIDSCAP	AIDS Control and Prevention Project
ART	Antiretroviral therapy
ARV	Antiretroviral (drugs)
ASHA	Advancing Surveillance, Policies, Prevention, Care and Support to Fight HIV/AIDS
BCI	Behavior change interventions
BSS	Behavioral surveillance survey
CBO	Community-based organization
CHBC	Community and home-based care
CSM	Condom social marketing
DACC	District AIDS Coordination Committee
DBS	Dried blood sample
DIC	Drop-in center
DPHO	District public health office
EPC	Essential package of care
EQA	External quality assurance
FBO	Faith-based organization
FHI	Family Health International
FSW	Female sex worker
GFATM	The Global Fund to fight AIDS, Tuberculosis and Malaria
GIPA	Greater Involvement of People Living with and affected by HIV/AIDS
GIS	Geographic information system
GoN	Government of Nepal
HIV	Human immunodeficiency virus
IA	Implementing agency
IBBS	Integrated Biologic and Behavioral Survey
IDU	Injection drug user
IMPACT	Implementing AIDS Prevention and Care Project
INGO	International nongovernmental organization
IR	Intermediate result
JICA	Japanese International Cooperation Agency
M&E	Monitoring and evaluation
MIS	Management information system
MoHP	Ministry of Health and Population
MSM	Men who have sex with men
MSW	Male sex worker
NANGAN	National NGOs Network Group Against AIDS-Nepal
NAP+N	National Association of People Living with HIV/AIDS in Nepal
NCASC	National Center for AIDS and STD Control
NGO	Nongovernmental organization
NHRC	Nepal Health Research Council
NPHL	National Public Health Laboratory
NTEA	Narayani Transport Entrepreneurs Association
OI	Opportunistic infection
ORE	Outreach educator
PE	Peer educator
PLHA	People living with and affected by HIV/AIDS
PMTCT	Prevention of mother-to-child transmission
PSI	Population Services International

QC	Quality control
REC	Repeated educational contact
RRF	Rapid Response Fund
SGS	Second-generation surveillance
S-IR	Subintermediate result
STD	Sexually transmitted disease
STI	Sexually transmitted infection
TB	Tuberculosis
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing

EXECUTIVE SUMMARY

When the United States Agency for International Development (USAID) bilateral Cooperative Agreement ended in 2002, FHI continued its HIV/AIDS prevention and control program through the Implementing AIDS Prevention and Care (IMPACT) Project Global Cooperative Agreement starting on May 1, 2001. The total funds available through IMPACT in Nepal were $18,720,000.

IMPACT's comprehensive prevention, care, and support program was USAID/Nepal's primary mechanism for providing technical assistance to the Government of Nepal (GoN) for HIV/AIDS prevention, care, and support. The IMPACT project's activities in Nepal were developed in collaboration with USAID/Nepal in consultation with the National Centre for AIDS and STD Control (NCASC) under the Ministry of Health and Population (MoHP) and contributed to the *National HIV/AIDS Strategy*. IMPACT's activities were also designed to contribute to USAID/Nepal's Strategic Objective 2, "Reduced Fertility and Protected Health of Nepalese Families," Intermediate Result 2.3 of "Increased HIV/STI Prevention and Control Practices by High-Risk Groups in Targeted Areas."

For the duration of the project, activities supported both USAID and GoN to: implement their respective strategies; develop capacity in HIV programming and policy development and support; monitor and respond to the HIV/AIDS epidemic; and scale up prevention-to-care services for individuals who are most at risk. To address the needs of these most-at-risk groups, IMPACT expanded its focus on female sex workers (FSWs) and their clients concentrated along highways; injection drug users (IDUs); men who have sex with men (MSM), and male sex workers (MSWs) in urban areas; Nepali migrant workers in high migration communities in Nepal and in Mumbai, India; and people living with and affected by HIV/AIDS (PLHA).

Prior to the IMPACT project, FHI had a well-established prevention and mitigation program that included supporting surveillance, building HIV/AIDS awareness, promoting condom use, and identifying and treating Sexually Transmitted Infections (STIs) among FSWs and their clients. IMPACT was designed to build upon these activities, expand coverage, and add care and support services. As mentioned above, IMPACT Nepal's goal was to establish a continuum of prevention-to-care services among most-at-risk groups including FSWs, their clients, migrants, IDUs, PLHA, and MSM/MSWs.

The IMPACT/Nepal strategy was structured on the three intermediate results (IRs) to establish and expand the prevention-to-care continuum of services:
Increase national capacity to manage an effective response to the HIV epidemic;
Improve prevention of HIV and other STIs; and,
Implement appropriate care and support strategies to mitigate the impact of the HIV epidemic.

Specifically, IMPACT:

- Strengthened government leadership and management of the national HIV prevention and care response;
- Strengthened the second-generation surveillance system to monitor HIV, STIs, and risk behaviors in the most-at-risk population groups;
- Strengthened civil society and private-sector involvement and capacity to provide prevention-to-care services to most-at-risk groups;
- Developed and implemented prevention services specific to the target groups' needs;
- Improved utilization of quality STI services;
- Strengthened and ensured coordination and linkages to social marketing programs;
- Established and expanded voluntary counseling and testing (VCT) programs;
- Strengthened community programs to provide care and support for those affected by HIV/AIDS;

- Strengthened capacity to provide medical and psychological care for PLHA;
- Promoted human rights and worked to reduce stigma;
- Provided appropriate technical leadership and timely support to the national response to the HIV/AIDS epidemic;
- Strengthened monitoring systems to track and report on strategy implementation; and,
- Supported coordination and collaboration with key stakeholders, implementing agencies (IAs), other HIV/AIDS projects, and donors to maximize synergies across programs, share resources, and avoid duplication.

Using three main implementation strategies of Safe Highways, Safe Cities and Safe Migration, FHI worked in partnership with more than 50 IAs to execute more than 100 subagreements. IAs represented a range of partners from international and local nongovernmental organizations to community-based organizations, PLHA groups and networks, research organizations, management agencies, and faith-based organizations. FHI conducted dozens of research studies, disseminated hundreds of publications and targeted communication materials, conducted four mass-media campaigns, strengthened the capacity of numerous local organizations, and trained more than 50,000 people during the IMPACT project.

FHI's IMPACT project implemented an effective HIV-prevention program with high coverage and sustained demonstrated outcomes:

- Reached more than 86,000 people from most-at-risk groups
- Reached nearly 600,000 people with HIV-prevention messages and over 700,000 through community events
- Trained more than 1,000 peer educators from most-at-risk groups
- Operated 182 drop-in-centers (DIC) for most-at-risk groups
- Reached over 2 million people through mass-media communications campaigns and condom social marketing activities
- Supported 22 clinic sites providing STI services
- Diagnosed and treated nearly 24,000 people for STIs in project clinic sites—with 2 of every 3 women presenting for services coming from the FSW target group
- Developed 26 VCT sites providing VCT services according to national standards
- Provided VCT services to 7,235 people
- Supported 25 sites providing an essential package of care to PLHA
- Provided clinical assessments to 521 PLHA in less than a year of HIV clinical care provision
- Sensitized nearly 7,000 people about HIV/AIDS-related stigma and discrimination issues

FHI's overall program coverage increased to more than 60 percent of FSWs in the IMPACT program area by September 2005. IMPACT also contributed towards containing the spread of HIV among FSWs and clients. In 16 districts where IMPACT programs were conducted and where for years few other HIV activities existed, survey data showed no increase in HIV prevalence between 1999 and 2003 and a marked decrease in syphilis rates among FSWs (dropped from 18.5 percent to 9.2 percent). IMPACT supported repeated rounds of HIV integrated biological and behavioral surveys (IBBS) among FSWs, their clients, and IDUs. IMPACT also supported the first IBBS among migrants and men who have sex with men (MSM)/male sex workers (MSWs) in 2006.

PROGRAM OBJECTIVES, STRATEGIES, IMPLEMENTATION, AND RESULTS

INTRODUCTION

When the United States Agency for International Development (USAID) bilateral Cooperative Agreement # 367-A-00-97-0071-00 ended in 2002, Family Health International (FHI) continued its HIV/AIDS prevention and control program through the Implementing AIDS Prevention and Care (IMPACT) Project Global Cooperative Agreement #HRN-A-00-97-00017-00. From May 1, 2001, FHI received its USAID funding through this mechanism until September 2006. The total funds available for Nepal through IMPACT were $18,720,000.

IMPACT was USAID/Nepal's primary mechanism for providing technical assistance to the Government of Nepal (GoN) for HIV/AIDS prevention, care, and mitigation. IMPACT activities in Nepal were developed in collaboration with USAID/Nepal and in consultation with the GoN National Center for AIDS and STD Control (NCASC) under the Ministry of Health and Population (MoHP). IMPACT directly contributes to the National Strategy for HIV/AIDS (2002–2006). IMPACT's activities also contributed to USAID/Nepal's Strategic Objective 2, "Reduced Fertility and Protected Health of Nepalese Families," Intermediate Result 2.3 of "Increased HIV/STI Prevention and Control Practices by High-Risk Groups in Targeted Areas," and in support of the USAID/Nepal HIV/AIDS Strategy (2002–2006).

FHI has worked in Nepal on HIV/AIDS programs with USAID support since 1993. FHI implemented the HIV/AIDS Prevention and Control Program (AIDSCAP I) from 1993 to 1997, followed by the bilateral agreement AIDSCAP II (1997–2002). Under IMPACT, FHI significantly expanded program activities to offer a continuum of prevention-to-care services in Nepal.

Through IMPACT, FHI continued to assist both USAID and the GoN to: implement their respective strategies; develop capacity in HIV programming and policy development; monitor and respond to the HIV/AIDS epidemic; and scale up prevention-to-care services for individuals most at risk. To reach these important groups, IMPACT expanded the focus on female sex workers (FSWs) and their clients concentrated along highways to reach other most-at-risk groups in Nepal, including injection drug users (IDUs); men who have sex with men (MSM); male sex workers (MSWs); migrant workers in Mumbai, India and in high–migration-source communities in Nepal; and people living with and affected by HIV/AIDS (PLHA).

Throughout IMPACT, FHI developed and supported partnerships with more than 50 international and local nongovernmental organizations (INGOs and NGOs), community-based organizations (CBOs), PLHA groups and networks, research organizations, companies, management agencies, and faith-based organizations (FBOs).

COUNTRY CONTEXT

Since adopting a national policy for AIDS prevention in 1995, the GoN has made significant efforts to strengthen the implementation of the national HIV/AIDS prevention, treatment, care, and support program. The GoN launched the first National AIDS Prevention and Control Program in 1988 and developed a Strategic Plan for HIV and AIDS in Nepal (1997–2001) to operationalize the program. The policy sought to integrate HIV/AIDS-related issues and concerns with other sectors beyond health, such as mobile populations, urbanization, poverty, and the open border between Nepal and India. Few prevention activities, however, were actually implemented.

In 2001, NCASC developed the National Strategy for HIV/AIDS (2002–2006), which supported targeted HIV-prevention and care activities for vulnerable groups in Nepal. IMPACT and its partner organizations participated in many of the working groups that were formed and provided technical input into this strategy. FHI also supported technical experts to integrate working-group recommendations, develop implementation plans, and estimate costs. The strategy was endorsed in 2002 by the National AIDS Council. The strategy is supported by a five-year operational plan. Additionally, the annual National Program on HIV/AIDS (2004–2005) is the overarching framework to guide, monitor, and coordinate an expanded response to the HIV/AIDS epidemic in Nepal.

The National HIV/AIDS Program is implemented by NCASC (formed within the MoHP) in close cooperation with a number of local NGOs, externally funded projects, and INGOs. Policy guidance for the NCASC comes from the National AIDS Coordination Committee, a multi-sectoral body with participation from the public and private sectors. Nepal also has a National AIDS Council chaired by the prime minister and with representation from government and NGOs, the private sector, and civil society. The Council is expected to take the lead in policy making and advocate for multi-sectoral participation in the fight against HIV/AIDS in Nepal.

The overall objective of Nepal's strategy for HIV/AIDS is to contain the HIV/AIDS epidemic in Nepal by expanding the number of partners and increasing the effectiveness of their collective response. The Strategy focuses on prevention activities while reducing the social impact of HIV/AIDS. It also highlights the need for care and support for PLHA. Considering the dynamic nature of the HIV/AIDS epidemic, the Strategy acknowledges the importance of accurately tracking the epidemic and monitoring the effectiveness of interventions. The Strategy has five clearly defined priority areas:

1. Prevention of sexually transmitted infections (STIs) and HIV infection among vulnerable groups;
2. Prevention of new infections among young people;
3. Ensuring care and support services are available and accessible for all people infected and affected by HIV/AIDS;
4. Expansion of a monitoring and evaluation framework through evidence-based effective surveillance and research; and
5. Establishment of an effective and efficient management system for an expanded response.

At present, the national program is supported by USAID; The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM); the Department for International Development; the Australian Agency for International Development; and the United Nations system. GFATM-funded activities are directly executed by the United Nations Development Programme and NCASC monitors the implementation and is responsible for epidemiological surveillance, care, and support. The total GFATM budget is more than $3,000,000 for a 13-month program, from February 2005 to March 2006.

During the IMPACT/Nepal project period, Nepal progressed from being a low-prevalence, low-risk country to one with a “concentrated epidemic”—one in which HIV prevalence is consistently greater than

5 percent in at least one defined subpopulation. This early concentrated epidemic is driven by injecting drug use, high-risk sexual activity, and labor migration, all of which are risk factors that lead to increased rates of HIV infection among FSWs, their clients, IDUs, and labor migrants. Relatively high STI incidence among these populations is also a contributing factor.

Today, an impressive amount of strategic information about the HIV epidemic is available in Nepal that draws on FHI-supported population estimates of risk groups, surveillance, research, and monitoring and evaluation. This information has contributed substantially to strengthening the national response to the HIV/AIDS epidemic in Nepal.

HIV/AIDS in Nepal: Current Situation

- Predominant modes of transmission are through mainly heterosexual sexual contact and injecting drug use.
- HIV prevalence in most-at-risk subpopulations are higher, such as:

  IDUs in Kathmandu—51.6% in 2005

  IDUs in Eastern *Terai* districts—31.6% in 2005

  MSM in Kathmandu–3.9% in 2004

  FSWs—2% in Kathmandu (2006), 22 *Terai* districts (2006), Pokhara (2006)

  Truckers in 22 *Terai* districts—1% in 2006

  Migrants in MidWestern Nepal – 1.1% in 2006

  Migrants in FarWestern Nepal – 2.8% in 2006

In the absence of effective public health interventions, AIDS may become the leading cause of death among 15–49 year olds in the coming decade. Most of the estimated 70,000 PLHA do not know they are infected, and HIV/AIDS-related stigma and discrimination prevent them and others from seeking HIV counseling and testing, prevention, care, and treatment services. Future priorities remain focused on prevention particularly among most-at-risk groups to prevent a generalized epidemic and are complemented with care, support, and treatment services for those already infected with and affected by HIV/AIDS.

PROGRAM STRATEGIES AND ACTIVITIES

At the beginning of IMPACT, FHI had a well-established prevention and mitigation program that supported surveillance, built HIV/AIDS awareness, promoted condom use, and identified and treated STIs among FSWs and their clients. IMPACT was designed to strengthen these activities, expand coverage and add care and support services. IMPACT/Nepal's goal was to establish a continuum of prevention-to-care services in Nepal among most-at-risk groups that include FSWs, their clients, migrants, IDUs, PLHA, and MSM/MSWs.

To effectively establish and expand the prevention-to-care continuum of services, the IMPACT/Nepal strategy was structured on the three IRs, which directly contribute to USAID/Nepal's HIV/AIDS Strategic Objective 2:
Increase national capacity to manage an effective response to the HIV epidemic;
Improve prevention of HIV and other STIs; and
Implement appropriate care and support strategies to mitigate the impact of the HIV epidemic.

Subintermediate Result (S-IR) 1: Increased national capacity to provide HIV/AIDS services

As USAID's primary HIV/AIDS technical assistance to the GoN, IMPACT both directly supported the National HIV/AIDS Strategy (2002–2006) and strengthened the capacity of government systems, institutions, and human resources to effectively respond to the epidemic. IMPACT also worked with and through civil society to support and complement government efforts to provide prevention, care, and mitigation to those at risk or affected by HIV/AIDS. Capacity-building was central to IMPACT and embodied in its program objective—to build the capacity of Nepali organizations to conduct HIV prevention and care activities to reduce the transmission of HIV in Nepal.

At the beginning of the IMPACT Program in Nepal in 2001, political commitment was strong, and national capacity had been strengthened through the USAID-supported AIDSCAP II activities. As epidemiological data signaled the development of the HIV/AIDS epidemic into a concentrated epidemic, many needs were identified under capacity building to ensure Nepal had the human, technical, and financial resources to prevent the epidemic from becoming a generalized one. In support of capacity building, IMPACT/Nepal worked to strengthen government leadership and management; sentinel surveillance systems to monitor HIV, STI, and risk behaviors in most-at-risk population groups; and strengthen civil society and private sector involvement and capacity.

1.1 Strengthen government leadership and management of the national HIV prevention and care response.

Leadership in the GoN and management of the national HIV/AIDS prevention, control, and care program involves decision makers at the national, regional, and district levels and across various ministries.

Strengthen government technical capacity to implement the national strategy through technical working group participation and technical assistance as requested.

In 2002, IMPACT responded to a NCASC request to provide technical assistance to develop Nepal's first National HIV/AIDS Strategy (2002-2006). IMPACT supported technical experts to integrate working group recommendations, develop implementation plans, and budgets for activities and services outlined in the Strategy. IMPACT also provided significant technical assistance to NCASC in July 2004 to develop a national strategic plan for scaling-up care and treatment services—Assessment and Recommendations for

National Rollout Plan: HIV/AIDS Treatment, Care and Support in Nepal, October 2004-September 2005 (2004) (see **S-IR 3** for more information).

To address the need for national strategies and guidelines on HIV/AIDS prevention-to-care services, FHI staff worked in collaboration with the NCASC, and through a number of national technical working groups, to develop and revise key national guidelines in VCT, STI, HIV care, and treatment. ***See Attachment A.*** In addition, IMPACT supported the NCASC through a separate USAID funding mechanism of supplemental funds to strengthen its capacity for HIV/AIDS programming.

Assist in disseminating surveillance data widely in an appropriate time and format to inform policy.

Surveillance is one of IMPACT's key areas of capacity-building through technical assistance to NCASC (see the following Section 1.2). FHI provided technical leadership and mentorship in strengthening second-generation surveillance activities, including supporting integrated behavioral and biological surveillance among most-at-risk groups (FSWs and clients, IDUs, MSM, and migrants), population size estimation, targeted evaluation, and research. The strategic information gathered during the IMPACT Program has provided critical input in the development and implementation of the national response. This strategic information was disseminated jointly by NCASC, USAID, and FHI, and strengthening data use among key stakeholders was given a high priority. Government officers, stakeholders, donor agencies, INGOs/NGOs, IMPACT IAs, and media personnel participated in dissemination events. Fact sheets and summary reports on research findings were distributed to a wider community of policy makers, government officials of multi-sectoral ministries, HIV/AIDS program implementers, and parliamentarians for awareness and advocacy. They were also periodically posted on the FHI and NCASC websites. ***See Attachment B for a full list of IMPACT-supported publications***.

These data were used to develop the national estimates of adult HIV cases in 2003 and 2005, which served as a powerful advocacy tool for NCASC to generate political commitment and additional resources to combat HIV/AIDS and expand care and treatment services in Nepal. See Section 1.2 for more information on this report.

Empower government agencies at the village and district level to plan, coordinate and support HIV/AIDS activities.

FHI, through its IAs, continued to work closely with government bodies at the municipal, village, district, and regional levels to plan and implement HIV/AIDS activities by:

- Regularly participating in district AIDS coordination committees (DACCs)—playing an active role in supporting and facilitating DACC meetings and events;
- Building linkages with government health care facilities;
- Negotiating and receiving regular condom supplies from the District Public Health Office (DPHO);
- Coordinating with government counterparts in village development committees and district development committees;
- Participating in and/or supporting events, including National Condom Day and World AIDS Day; and
- Conducting awareness-raising activities in schools and communities.

In 2003 local governments disbanded due to increasing political instability. With the absence of local elections, district-level activities were not possible to the extent originally planned under IMPACT.

Explore different mechanisms to resource NCASC and provide technical assistance, such as GFATM, JICA, and USAID.

IMPACT provided assistance to NCASC to develop, resource, implement, and expand its national program in several ways. As described above, FHI supported NCASC to develop and implement an annual workplan supported by USAID supplemental funds. Based on the Memorandum of Understanding signed between USAID and Japan International Cooperation Agency (JICA) in 2002, JICA procured STI drugs, reagents, and HIV rapid test kits for NCASC and for USAID-supported STI/VCT services delivered by FHI's IAs. IMPACT supported the storage and distribution of these drugs as well as drugs procured from the United Nations Children's Fund (UNICEF) and GFATM for Anti-retroviral therapy (ART), treatment of Opportunistic Infections (OI) and STIs, and the prevention of mother-to-child transmission (PMTCT) program. This coordination provided critical support for critical services and exemplified how donors can complement each other.

FHI also provided technical assistance to NCASC in the development of proposal submissions to GFATM. In 2004, FHI assisted NCASC in developing the monitoring and evaluation (M&E) strategy, which helped secure a second round of funding of $11.2 million for Nepal for HIV/AIDS-related activities. These activities began in 2005, and FHI continued providing technical support to help implement them.

Support uniformed services to better understand the HIV/AIDS epidemic and develop strategies to respond within their existing systems.

FHI historically reached uniformed services through prevention activities and in 2002, began active programming for police, armed police, and army personnel at their stations and barracks along the highways in Far Western Nepal. In response to a request from the Nepalese Army in 2002 to develop its long-term HIV/AIDS strategy, FHI supported an exposure visit in 2003 to Cambodia. There, Nepalese Army personnel were able to learn first-hand about Cambodian uniformed services programs that included comprehensive prevention and care services. Returning from this visit, the Nepalese Army formed an HIV/AIDS Task Force and integrated HIV/AIDS related services into their systems. IMPACT provided technical support to design the NA's National HIV/AIDS Program, conduct a Behavior Surveillance Study (BSS), develop a basic HIV/AIDS training-of-trainers curriculum, and conduct training programs for army personnel under GFATM.

1.2.Strengthen sentinel surveillance systems to monitor HIV, STI, and risk behaviors in the general population and with most-at-risk population groups (including laboratory capabilities for HIV and STI diagnoses).

In the past decade, Nepal has made major advances in developing its national response in the areas of data collection and use of strategic information.

Strengthen national second-generation surveillance data collection, and processing, dissemination, and use of results.

Nepal has made major advances in both the extent and quality of surveillance data and strategic information available in the past five years. Technical assistance provided to the NCASC under the IMPACT project contributed significantly to strengthening surveillance efforts so that changes in the epidemic were routinely measured in specific vulnerable groups. IMPACT also supported the NCASC in establishing effective mechanisms to ensure timely collection, analysis, dissemination, and use of data with development of a national second-generation surveillance plan and the National Surveillance Working Group (NSWG). The NSWG developed and implemented the national SGS plan. As a result, at

the end of IMPACT, Nepal has a National SGS plan, routinely collects behavioral and biological data every two years on key subpopulations at high risk of infection (i.e., FSWs, clients of FSWs, migrants, IDUs, and MSM), has wide geographic coverage of surveillance activities, and collects strategic information which directly informs the national action plan and national resource allocation.

The IMPACT Team provided technical support and collaborated closely with the NSWG to conduct integrated data analysis and to use data strategically to advocate a more effective national response.

Steps in this process included:

- *Collection and synthesis* of the full range of existing biological, behavioral, programmatic, policy, and resource-allocation information relating to HIV and AIDS in Nepal;
- *Extraction of key trends in HIV, STI, behaviors, policy, and programmatic responses* to develop an understanding of the epidemic's evolution in Nepal;
- *Highlighting issues and facilitating strategic planning to fill gaps* in knowledge and data and to address weaknesses in data/surveillance systems;
- *Preparation of locally relevant estimates* (see below);
- *Proactive advocacy and support for the use of available data and strategy analyses* as part of an aggressive strategy for promoting more appropriate responses, providing inputs for policy and program planning, increasing resource allocation, and assisting in making evidence-based decisions.

In Nepal, IMPACT provided technical assistance to strengthen the research capacity of local research organizations to conduct behavioral, biological, and ethnographic research, as well as size estimations among most-at-risk groups who are difficult to access, design and implementation of SGS studies, and use of qualitative research methods and aggregate data to generate national estimates.

IMPACT supported the Nepal Health Research Council (NHRC) to enhance their capacity to identify, monitor, and resolve ethical issues in research with vulnerable, hidden, and stigmatized populations like IDUs, MSM, and FSWs. IMPACT supported the NHRC to conduct trainings in 2003 and 2006 for NHRC staff and other professionals involved in the conduct of research studies on the ethical aspects of conducting research on HIV/AIDS among the most-at-risk population groups.

Support the development of national estimates and forecasts.

IMPACT also provided technical support to NCASC personnel for periodic updating to population size estimates in key populations and biannual revision to the national estimates on the number of PLHA. In 2003, the NCASC, with technical support from IMPACT, used population size estimates and HIV-prevalence data to conduct a national estimation of the number of adult PLHA in Nepal[1]. These data were updated in 2005[2] and will continue to be updated periodically with support from the USAID-funded Advancing Surveillance, Policies, Prevention, Care and Support to Fight HIV/AIDS (ASHA) Project. These data were used to inform the National Action Plan, identify gaps in the national response, inform the allocation of resources, and determine strategic program priorities.

[1] *National Estimates of Adult HIV Infections in Nepal 2003*
[2] *National Estimates of Adult HIV Infections in Nepal 2005*

Special HIV/STI behavioral and prevalence surveys in high-risk populations, such as FSWs, truck drivers, IDUs, and migrant workers.

IMPACT supported a significant scaling-up of behavioral and biological surveillance among high-risk populations in Nepal. Prior to IMPACT, one BSS was conducted each year. During IMPACT, FHI, in collaboration with local partners and the NCASC, conducted:

- 11 ethnographic studies;
- 22 integrated biological behavioral surveillance (IBBS) studies;
- five BSS; and,
- six size estimation studies.

These studies were conducted among FSWs, their clients, IDUs, migrants, and MSM and directly supported the NCASC's National Second-Generation Surveillance Plan. A full list of surveillance activity reports is included in ***Attachment C***. IMPACT also provided technical support and training to NCASC personnel on improved sampling methodology (e.g., respondent-driven sampling) to access hard-to-reach populations such as IDUs.

1.3 Strengthen civil society and private sector involvement and capacity to provide prevention-to-care services to most-at-risk groups.

Under IMPACT, greater emphasis was placed on capacity building and inclusion of indigenous organizations and beneficiaries in the provision of HIV prevention, VCT, STI, and care and support services for most-at-risk groups. An expanded response required more NGOs and CBOs to be able to provide prevention and care services, yet few organizations had the experience and management capacities to provide quality services while appropriately managing financial and human resources. IMPACT, therefore, focused on working with a variety of indigenous organizations to build their organizational capacity as partners in planning and implementing successful HIV/AIDS-related interventions and activities.

Identify and develop new relationships with CBOs, FBOs, and NGOs, particularly small, innovative groups serving most-at-risk populations but with limited organizational capacity to implement large-scale activities.

Over the life of IMPACT, FHI expanded its partnerships for effective and appropriate community-based prevention and care services. FHI worked with PLHA networks and support groups, FBOs and other small innovative groups and organizations. In most cases, these new IAs had limited organizational and technical capacity. IAs were either newly formed to address a need they had identified in certain vulnerable groups or were already connected through other services for high-risk groups but not directly for HIV/AIDS prevention and care services. In 2002, IMPACT used rapid response funds (RRFs) to begin both technical and organizational capacity-building support. There are several notable examples, such as the Blue Diamond Society founded in 2002 by MSM for MSM. After several months, IMPACT developed longer-term projects through subagreements with those IAs who had demonstrated commitment, learning, and growth.

Initially, few organizations had experience in providing services to target populations, especially services such as voluntary counseling and testing (VCT) and HIV/AIDS care and treatment. IMPACT adopted the strategy of providing long-term technical capacity-building through training programs, regional exposure visits and frequent on-site technical support and supervision. In 2002, FHI planned to expand the program into conflict-affected districts along the highways and into high-migration areas. The escalation of the conflict and increasing political instability in Nepal in 2002 challenged FHI to develop new approaches to

implementation that were more sustainable in conflict-affected areas. IMPACT worked with an established, highly-capable INGO that in turn supported smaller NGOs. This project design enabled capacity-building through a well-established and respected organization that was also well known through other projects in these districts. Once the INGO had sufficiently strengthened the capacity of these groups, its role as the lead IA ended in 2005, and the smaller NGO partners became direct IMPACT IAs.

IMPACT also worked with a number of FBOs including:

- International Nepal Fellowship—a well-known Christian organization providing VCT and care services in Pokhara, Kaski district
- United Mission to Nepal—a Christian missionary organization in Nepal with a unit dedicated to HIV-related training, including counseling and community- and home-based care (CHBC). The United Mission to Nepal was contracted to field test and finalize a training manual for basic HIV/AIDS counseling.
- Anugraha Kalyan Samaj—IMPACT worked with Anugraha Kalyan Samaj to organize a series of orientation activities on HIV/AIDS for the Christian community in Dharan and Sunsari districts.

CBOs have played an important role in establishing and improving access to treatment and care for PLHA in Nepal, and these groups have demonstrated that they can provide quality services that are tailored to specific PLHA subpopulations. Initial efforts focused on social support, treatment advocacy, CHBC, and referrals. In 2005, IMPACT supported CBOs in providing a more comprehensive package of services for PLHA. Pilot programs were established to extend the range of services provided by CBOs to include basic health assessments, clinical staging, TB screening, OI prophylaxis, diagnosis, treatment, and treatment adherence support. This expansion supplemented the national roll-out of outpatient and inpatient care, delivery, and ART through the public hospital system.

Facilitate organizational capacity self-assessments and build capacity to manage, plan, and monitor projects.

IA capacity-building is one of the most significant inputs of the IMPACT project, and the results of sustained technical, programmatic, managerial, and financial assistance are some of IMPACT's greatest achievements. FHI supports capacity-building efforts in several, simultaneous ways including:
Directly, through activities and funds allocated in IA subagreements
Routine monitoring, feedback, and on-site support from FHI/Nepal program, technical, and finance staff
Activities organized and supported by FHI directly in Nepal and in Asia
Technical assistance through local, regional, and international consultants or FHI staff
Pre-award audits conducted prior to beginning new projects to assess the capacity of organizations.

IMPACT also provided training for IA staff in basic information on HIV/AIDS and STIs, behavior change interventions (BCI), CHBC, basic counseling, and HIV clinical management. Training sessions also focused on interpersonal communication and counseling, leadership, advocacy, team building, community assessment, and monitoring. These training events helped to build skills and confidence among staff to provide peer education; develop communications materials; and provide STI, VCT, and care services. FHI also provided regular field visits, on-site support, project accounting software, audits, trainings, workshops, and exposure visits to develop financial, management, monitoring and reporting capacity. Many long-term IMPACT IAs are not only able to effectively implement prevention-to-care programs but also have been successful in leveraging funding from other donors, foundations, and GFATM to expand their activities.

Increase participation and ownership of target groups.
IMPACT provided support to strengthen the capacity of networks such as the National Association of PLHA in Nepal (NAP+N), the National NGOs Network Group Against AIDS Nepal (NANGAN), and Recovering Nepal (a network of recovered IDUs) to mobilize their members and advocate policy change. In addition, IMPACT supported PLHA groups and grassroots organizations of marginalized populations in different parts of Nepal such as the Feminist *Dalit* Organization and Social Empowerment and Building Accessibility Centre–Nepal to develop their capacity both at the central and district levels to implement HIV/AIDS activities. In Nepal, IMPACT partner IAs have taken various approaches to supporting increased meaningful involvement of, and ownership by, target groups. Beneficiaries played important roles as participants, spokespeople, implementers, and decision makers; these beneficiaries contributed to assessments, strategic planning, epidemiological surveillance, monitoring, and service delivery. During IMPACT, FHI supported peer educators (PEs) from all target groups to implement HIV-prevention and care activities in 27 districts. PEs were able to make contact with other at-risk individuals, build trust, provide support, share information about HIV/STI prevention, and promote the use of available services.

Coordination and collaboration with the POLICY Project also supported capacity-building among target groups. One key achievement of the IMPACT project was the meaningful involvement of target groups and their increased capacity to be effective decision makers and implementers in HIV/AIDS programming.

Mobilize PLHA groups and networks in support of Greater Involvement of People Living with AIDS (GIPA) principles.

When IMPACT started in 2001, there was effectively no national PLHA movement. In the past five years, PLHA have become more vocal, mobilized, and capable as a group to advocate for their needs and rights. Since NAP+N's registration with the GoN in May 2004, FHI has provided support to NAP+N to strengthen its capacity to provide network-related services to PLHA groups across Nepal. Currently, there are 26 PLHA organizations under the umbrella of NAP+N and its four regional offices. NAP+N members have been actively involved in the development of FHI's GIPA strategy as well as adaptation and field testing of five care and support books for PLHA and their family members. As members of the Program Advisory Group for the national campaign to reduce HIV and AIDS-related stigma and discrimination, NAP+N members provided input on the design and script of the radio program *Ek Aapas ka Kura (Talking to Each Other)*. They also served as technical advisors to the NCASC in the development of National Guidelines on Antiretroviral Therapy and Treatment of OIs and the Assessment and Recommendation for National Rollout Plan: HIV/AIDS Treatment Care and Support in Nepal, October 2004–September 2005.

Another significant IMPACT achievement has been the formation of 23 PLHA support groups. Three PLHA groups (or organizations that work closely with PLHA) were awarded RRFs to plan and implement stigma-reduction activities. In addition, IMPACT partnered with Voluntary Services Overseas Nepal to build organizational and management capacity of local networks and groups of PLHA in seven districts.

Sub-IR (S-IR) 2: Increased access to information and prevention services for HIV/AIDS and other sexually transmitted infections.

Under the IMPACT project, FHI built on the strong prevention program established under AIDSCAP. FHI was able to build on existing partnerships, community-level activities, and trusted relationships with target groups to strengthen prevention programming, expand geographic coverage, and expand services.

FHI Nepal, with partner agencies, developed and implemented **integrated behavior change interventions (BCIs), STI screening, and VCT services** for FSWs and clients, migrant populations, IDUs, and MSM in Nepal (Figures 2 and 3). Integrated BCI, STI screening, and VCT services were implemented by 32 IAs in 28 districts at 18 STI static clinics and 21 VCT sites. These activities were coordinated under the National Action Plan. Population size estimation and population mobility mapping were used to improve geographic and population coverage, reach targets identified under the NAP, and maximize national impact. IMPACT prevention activities directly contributed to the national program by providing large-scale coverage to geographic areas and target groups and were packaged as three strategic targeted interventions:

Safe Highways Initiative: These HIV-prevention activities focused on preventing sexual transmission among FSWs and their clients along main highways in 16 districts of the Eastern and Central regions. This program was extended to include the Western segment of the East-West Mahendra highway in 2002.
Safe Migration Initiative: Implemented in Far Western Nepal since 2002.
Safe Cities Initiative: Added in 2003 to support prevention projects in Kathmandu and Pokhara

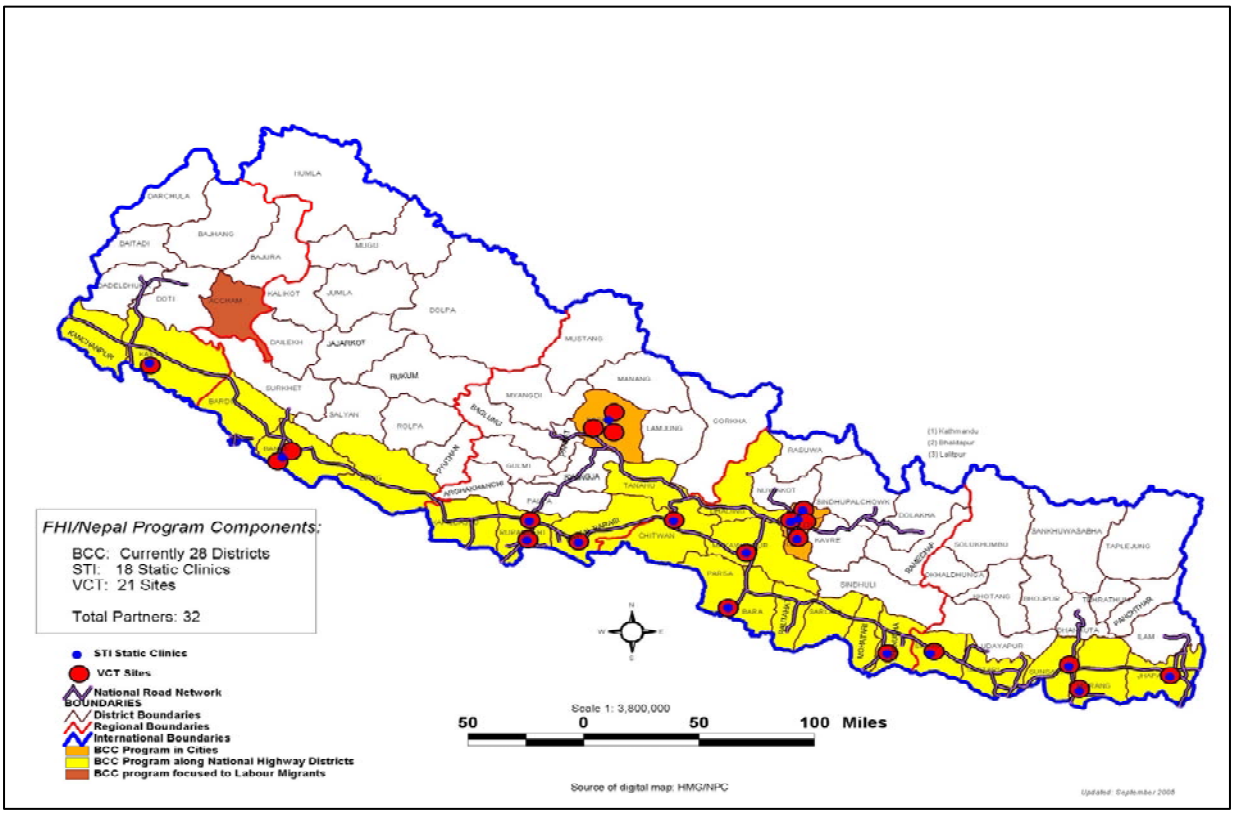


Figure 2: Geographic Coverage of BCI/STI/VCT Interventions, USAID-Funded IMPACT project

2.1 Develop, design and implement prevention services specific to target groups' needs

Communicate ABC messages—Abstinence, Being faithful to one partner, decrease in number of sexual partners, and consistent Condom use.

The ABC message–Abstinence, Being faithful to one partner, and consistent Condom use–was incorporated in the HIV-prevention programming under IMPACT in accordance with US government policy and guidance. The ABC message was tailored to the particular behavioral risk patterns of the target groups. At the beginning of IMPACT, IAs were finding that simple behavior-change models were no longer effective at helping them focus their BCI efforts among groups that had long been exposed to messages of HIV/STI prevention. At this time, most people knew about HIV/AIDS and how to prevent it; yet, knowledge by itself was not enough to motivate individuals to protect themselves. Under IMPACT, BCI evolved to adapt to the changing needs of target groups, recognized differences among different target groups, and helped those individuals practicing safer behaviors to sustain these safer practices. IMPACT developed a BCI framework to guide field implementation.

ABC messages were explicitly communicated through a series of print materials and through other channels. Under IMPACT, FHI looked for ways to strengthen and reinforce these messages, often through simultaneous channels, as well as to maximize opportunities to promote prevention messages within newly-added VCT, STI, and care services. The greatest success was shown through IBBS data; high rates of consistent condom use were maintained among FSWs and their transport worker clients.

Develop and implement community-based approaches using sustained interpersonal communication such as outreach education and peer communication with vulnerable individuals to promote and maintain risk reduction behaviors.

Prior to IMPACT, FHI had piloted two complementary interventions to identify, reach, interact with, and support high-risk individuals in the areas where they live and work. These two interventions—outreach education and peer education—proved so effective that they were expanded and strengthened during IMPACT. Outreach educators (OREs) and PEs worked to identify new target group members and to teach them about safer sex practices, identify STI clients, refer them to STI clinics for check-ups, conduct follow-up for treatment, distribute education materials and condoms, and encourage use of VCT services. More than 1040 PEs were recruited from target groups and trained on HIV/AIDS, STIs, correct condom use, and interpersonal communication techniques. More than 150 OREs were mobilized to support and supervise PEs as well as to motivate target groups to use condoms, reduce numbers of partners, and seek appropriate treatment for STIs.

Create and provide "safe spaces," such as a drop-in center (DIC), tea stalls, garage/halt points, or similar locations where target groups will have access to accurate information and condom supplies.

As PEs and OREs worked in the field, the need arose to find a quiet, private place to conduct educational sessions and discuss sensitive and/or personal information with individuals. FHI supported DICs as a way to create both a visible presence in communities where HIV/AIDS information was available, as well as to offer locations convenient to target groups for counseling, condom demonstrations, and education services. DICs were established at a variety of locations, including smaller nontraditional venues such as tea shops and repair shops along the highways; larger information and service centers such as in NGO offices; small DIC rooms set-up in the bus parks or near clusters of massage parlors in towns; and army barracks and police barracks. IMPACT increased the number of DICs to more than 180. Towards the end of IMPACT, FHI launched its Quality-of-Care program to further standardize the services and appearance of IMPACT-supported DICs.

Conduct multi-media campaigns and community-based educational activities designed to reduce the risk of HIV transmission; increase understanding of STI signs and symptoms, the link between STIs and HIV transmission, and the importance of partner referral; and redress stigma and discrimination at all levels.

IMPACT conducted four mass media communication campaigns ***(See details in Attachment D)***:
Second-Generation Mass Media Jhilkey Dai Campaign (2000–2002): The campaign approached prevention and control in the broader context of sexual health, using the logo and slogan *Condom Bata Suraksha—Youn Swastha Ko Raksha* (*Use a Condom—Protect Your Sexual Health*). After interviewing 1660 individuals who engage in high-risk behaviors and another 1721 people from the general population, the evaluation found that one out of three people from the general population was able to spontaneously recall a Second-Generation message, and almost 90 percent recalled it when prompted. Spontaneous and prompted recall was higher among the specific target groups. For example, 58 percent of FSWs surveyed were able to spontaneously recall the slogan.
Lets Start Talking About AIDS Today (2002): This Campaign was part of the NCASC's Year of HIV/AIDS Awareness and was launched during the 2002 Federation Internationale de Football Association World Cup. The Campaign showcased nine Nepalese celebrities, athletes, personalities and PLHA on billboards, posters, radio, television, and print media to encourage Nepali youth to protect themselves from HIV as well as generate political support among policy makers. The Campaign's estimated reach was 85 percent of youth in Kathmandu. When the campaign was evaluated at the end of 2002, people exposed to the campaign were more likely to know correct HIV/AIDS transmission information than those not exposed. For example, campaign audiences knew that using condoms is a safeguard against HIV/AIDS/STIs (97 percent compared to 64 percent) and that a person cannot get HIV by sharing a meal with someone who is infected (80 percent compared to 34 percent).
Desh Paradesh under Safe Migration Initiative (2005–2006): FHI launched a 26-episode radio program for migrant communities—*Desh Paradesh (My Country and Abroad)*—in 2005 as part of the Regional Safe Migration Initiative. This program was conducted in coordination with FHI/India for Nepali labor migrants and their families living in Mumbai India. It was the first radio program produced in Nepal that used satellite technology to reach Nepali migrant audiences in destination communities outside of the country.

Linkages to products and services

- Free condoms from Family Planning Association of Nepal and DPHO
- Socially marketed condoms through FHI IAs, PSI and Marie Stopes
- Urethral discharge treatment kit (STI kit) available at FHI STI clinics and PSI-supported Sun Quality Health Clinics
- Socially marketed lubricant distributed by PSI
- STI services through clinics or hospitals not supported by FHI, such as the Family Planning Association of Nepal clinic
- VCT services supported by Adventist Development and Research Agency in Jhapa district
- Income generation activities for FSWs, IDUs and PLHA in many program areas such as Kathmandu, Pokhara and Rupandehi districts
- Children's educational funds for children of FSWs in Rupandehi district supported by Women Acting Together for Change
- Zonal and district level government and private hospitals for free primary health care services;
- Directly Observed Treatment Short Course centers under the National TB Center for TB diagnosis and treatment

Stigma Reduction Campaign (2005–2006): *Ek Aapas ka Kura (Talking to Each Other)* was a mass media campaign that addressed the HIV/AIDS-related stigma and discrimination prevailing in health care settings, families, and the wider community. The radio program was designed and produced in 2004 as a joint effort of PLHA, popular radio and television stars, and media experts. This serial drama program was broadcast on national radio and FM stations nationwide and each 30-minute weekly episode dealt with situations involving HIV/AIDS-related stigma and discrimination.

In addition to mass media campaigns, IMPACT also supported community-based educational activities and events. FHI's IAs conducted street dramas at various locations in project sites to increase HIV/AIDS awareness in their communities. Other community events such as National Condom Day and World AIDS Day were supported by IMPACT, so that community awareness of and support for HIV/AIDS could be generated. Due to political unrest, strikes and other restrictions, street dramas and other community events became more difficult as the project progressed and could not always be implemented as planned.

Coordinate and collaborate with other HIV/AIDS-prevention activities to create linkages to related products and services and develop complementary communication strategies.

Under IMPACT, FHI was able to develop strong linkages to a range of other products, such as socially marketed condoms. To some extent, FHI IAs linked to other health products (such as contraceptives, oral rehydration salts, and home pregnancy kits) and services (basic health checkups) supported by Population Services International (PSI).

Provide technical leadership and resources on issues related to HIV/AIDS prevention among vulnerable groups.

FHI also developed a range of technical tools and resources to improve BCI programming including:

- a community assessment manual
- model guidelines for DICs
- a glossary of terms used in HIV/AIDS prevention, care, and support
- a peer-education manual and peer-education toolkit

Using internationally-accepted best practices, FHI also produced several educational materials such as posters and brochures. IMPACT conducted several BCI reviews, evaluations, and documentation exercises, including: audience profiling; documentation research for HIV/AIDS behavior change intervention programs in the central and eastern *Terai*; condom social marketing (CSM) review; evaluation of Safe Highways Initiative; and a BCI costing exercise. Finally, FHI provided technical assistance to the GoN to develop the National HIV/AIDS Behavior Change Communication (BCC) Strategy (2006).

2.2 Improve utilization of quality STI services.

Before IMPACT, there were no STI services available specifically for high–risk-behavior groups in Nepal. The new STI strategy was implemented to increase access to services by most-at-risk populations (FSWs and their clients) along the highways and improve the quality of diagnosis and treatment.

Develop a new model of STI service delivery to more effectively reach most-at-risk groups.

IMPACT developed a targeted STI service delivery model to better serve highly mobile, marginalized FSWs who have little or no access to health care. The first STI project based on the new model began under IMPACT in 2001. The current STI services for high—risk-behavior groups now:

Bring services to patients through mobile clinics, as well as static clinics in key locations;
Use an enhanced syndromic approach with basic laboratory capacity;
Offer treatment at a reduced cost (or for free if patients are unable to pay); and

Work closely with HIV-prevention projects to educate high–risk-behavior groups about STIs and HIV/AIDS and make referrals to other services.

Both men and women are provided STI care and treatment through clinical and laboratory facilities in static and mobile clinics in accordance with the National STI Case Management Guidelines. These services are provided free, and medicines are provided for a nominal fee. The static clinics offer services several times a week or month, depending on the size of the populations being served. FHI complements these static clinics by offering mobile STI services as requested. Along the highways, STI teams usually travel 12–15 days per month to provide services at three to four static clinics and four to six mobile STI clinic sites. Many of the clinic sites are located at BCI implementing partner offices or DICs.

Along the highways in the Western, Midwestern, and Farwestern Regions in Nepal, FHI worked with an existing STI project that trained and supported 130 pharmacies and chemist shops in eight districts to provide quality STI syndromic management. This support was phased out when static and mobile clinical services were established in key towns along the highways in 2004.

Expand STI services to cover more geographical area and reach more vulnerable individuals.

With the introduction of targeted STI services for FSW and clients, FHI began to expand STI services throughout its growing program area. At the end of 2001, FHI was supporting only one static clinic and two mobile clinic teams through one IA in 16 districts along the East-West Mahendra Highway. In 2003, ten additional static sites and an additional mobile team were added along the highways and targeted STI services for FSWs were established in Kathmandu Valley. In 2004–2005, FHI expanded STI services to Banke, Kailali, Pokhara, and Kanchanpur districts. By the end of IMPACT, STI services were provided in 20 static clinics run by seven IAs in 25 districts. By expanding service sites, IMPACT was able to treat more than 7800 people for STIs in 2005.

Increase access to and demand for STI services among most-at-risk groups.

STI services were designed to rely heavily on FHI's existing BCI prevention projects and their large networks of field-based OREs and PEs who were in regular contact with target-group individuals. Coordination with FHI BCI partner organizations was one of the most important linkages for STI services to be effective in reaching new STI patients. Strong coordination was also critical for making referrals as, PEs and OREs often accompanied patients, encouraged follow-up appointments, and provided feedback to the STI clinics. To make treatment affordable or free for those who could not pay, IMPACT found several ways to reduce the cost of drugs through IA organizational funds, a public-private partnership, and coordination with NCASC.

Work directly with local policy makers, clinicians, and program managers to design, implement, evaluate, and refine effective approaches to STI service delivery.

During IMPACT, FHI developed and implemented numerous innovative and effective approaches to STI service delivery including:

- Presumptive treatment for women (such as FSWs) who engage in high-risk behaviors (such as inconsistent condom use and no condom use at last sex act) and who had not visited an FHI-supported STI clinic in the past three months. These women were presumed to have cervicitis and treated.
- Simple and comprehensive STI laboratory services that reduce over-treatment and cost of multiple drugs by properly diagnosing vaginitis, especially bacterial vaginosis and candida
- On-site syphilis testing with same-day treatment

- Integration of VCT into existing STI services
- Partnership with Narayani Transport Entrepreneurs Association (NTEA) beginning in 2001. Highway-Health Clinics were established in Hetauda, Makwanpur district for STI-related services to truckers and their assistants and families.
- Coordinated donations of STI and OI drugs from NCASC and JICA
- Conducted a Gonococcal Anti-microbial Resistance Study that led to revision of the *National STI Case Management Guidelines* in 2004
- Partnership with PSI to develop CLEAR, a socially marketed treatment kit for male urethral discharge
- Free condoms to STI patients and those most at risk for STIs/HIV.

Provide and strengthen technical leadership on key STI management issues.

As early as 1994, in support of NCASC, FHI had participated in the development and testing of the *National STI Case Management Guidelines,* updated in 2001. Under IMPACT, FHI provided technical input into the revision process in 2004. Based on the new guidelines, FHI worked with NCASC to develop a national training curriculum in 2005. IMPACT also developed resources such as supervision and monitoring tools and the standard operating procedures for use within its STI projects for high–risk-behavior groups. Regional and national consultants provided technical assistance on testing procedures, reagent storage, client-friendly clinical care, and enhanced syndromic management. FHI conducted an STI program review in 2003 and again in 2006. FHI used its network of local research organizations to conduct research on health-seeking behaviors among men and FSWs in separate studies to identify barriers to accessing services and ways to increase demand and use.

2.3 Strengthen and ensure coordination and linkages to social marketing.

IMPACT, in accordance with USAID guidance, implemented a three-phased approach to CSM that consisted of direct implementation, evaluation, and coordination with USAID-funded CSM campaign implemented by PSI.

Develop and implement a community-based CSM project that increases access to condoms for most-at-risk groups.

FHI built on its experience in implementing CSM under AIDSCAP to refine its strategy and focus on community-based CSM to increase condom accessibility and availability for consistent condom use among vulnerable groups. In addition to distribution through traditional outlets such as pharmacies and medical shops, FHI expanded distribution through nontraditional outlets including tea shops, *paan* (tobacco) shops, grocery shops, *bhatti* pasals (liquor shops), kiosks, bars, hotels, and petrol pumps. These nontraditional outlets were open longer hours and often located near places where MSM and FSWs and their clients socialized or worked. Beginning in 2001, under IMPACT, over 5,600 types of condom outlets were created in Kathmandu, Pokhara and 16 Terai districts. FHI also expanded the choice of socially marketed condoms, offering 17 different brands of condoms to respond to consumers' demand for more choice. CSM included distribution, recruitment of participating outlets, product placement, consumer and merchant education about condoms, and monitoring. Over 1,800 people were trained in CSM in two years. To create interest in socially marketed brands and condoms in general, FHI organized dozens of public events such as competitions, essay contests, rickshaw races, and community activities.

Review CSM model and project accomplishments to determine if revised CSM strategy is more effective at reaching most-at-risk groups.

In 2002, FHI conducted a formal CSM program review covering over 200 outlets in all 16 CSM project districts. The review analyzed condom distribution data, stocking and sales patterns, and communication methods, and FHI concluded that community-based CSM offered "the right product mix, at the right price in the right mix of places and used the right mix of communications." The CSM program also increased access to condoms among FSWs and their clients, thereby contributing to consistent condom use; provided adequate condom stocks and resupply of most outlets; provided good BCI systems for one-on-one counseling; and supplied condoms packaged in various quantities to meet the needs of different user groups.

Ensure smooth transition and continued linkages to CSM supported by PSI.

In joint-planning activities with USAID in 2002, FHI and PSI developed a plan to shift to PSI the CSM and mass media communications activities related to condom promotion. After FHI-supported CSM activities concluded, FHI and its IAs continued to link to and promote CSM at the district level in coordination with PSI-supported outlets and condom-promotion activities.

Sub-Intermediate Result (S-IR) 3: Increased access to care and support

IMPACT significantly expanded the comprehensiveness of Nepal's prevention-to-care strategy through the addition of new areas of services, technical assistance and support. In the first year of IMPACT, the NCASC National HIV/AIDS Strategy (2002–2006) was finalized and prominently focused on developing care, support, and treatment services. As a result, FHI's support to the national program also incorporated care and support activities. FHI/Nepal developed its care and support strategy in 2004 to guide support to NCASC in these four areas:

- VCT
- care and support for PLHA
- PMTCT
- protection of human rights and reduction of stigma

3.1 Establish and expand VCT programs.

FHI/Nepal began its VCT program on the basis of the first assessment of VCT services and capacity in Kathmandu Valley, Pokhara, and the Far West that was conducted in 2001.

Improve the local capacity to provide HIV-related VCT.

To strengthen local capacity for VCT in Nepal, IMPACT provided technical assistance to NCASC to develop national policies and guidelines (including the National Guidelines on Voluntary HIV Counseling and Testing), human resources, VCT services, and quality-control mechanisms. Human resource capacity was developed through training programs, continuing education, networking meetings, exposure visits, and workshops. During IMPACT, more than 200 counselors were trained and certified by NCASC to provide VCT services in accordance with the national guidelines.

A critical strategy in scaling up targeted VCT in Nepal, especially outside the Kathmandu Valley, has been the use of rapid test kits for HIV testing. This is an excellent strategy for Nepal because it is a low- cost,

simple-technology approach that supports the provision of same-day results. External quality assurance (EQA) systems for laboratory testing in Nepal are still weak. EQA for VCT in Nepal relies on serum samples being sent, within a short time period, to Kathmandu. The difficulties in rapid shipment of serum have meant that EQA for VCT in the field is poor. In 2005–2006, FHI assessed an alternative method of sample collection—dried blood spot (DBS) on filter paper—for use in establishing a national EQA system for VCT. DBS has a number of advantages: venipuncture and immediate processing are not required; the filter paper can be stored at room temperature; and once dried, the filter paper is not infectious and can be mailed to a central laboratory for analysis. Results for testing using the DBS samples yielded 98.0 percent sensitivity, 98.1 percent specificity, and 99.0 percent accuracy, which demonstrates that DBS is a valid and feasible means of sample collection for HIV EQA in Nepal. If resources are available, the DBS technique offers a more practical option for the transfer of the samples for quality-assurance systems in resource-limited settings.

In 2005, FHI held a VCT quality assurance workshop, which resulted in the development of a procedures manual for rapid HIV testing for use in FHI-supported VCT clinics. To ensure quality control and monitoring, training was provided to the NPHL staff on the DBS technique. NPHL staff in turn trained 19 additional staff at IMPACT-supported VCT sites.

Establish and expand VCT services for most-at-risk groups.

In support of the GoN's target of establishing VCT services in 26 districts, FHI provided significant technical assistance to develop new VCT services—first in Pokhara in 2003 and then in Kathmandu. At first, VCT services began as stand-alone services but over time, most VCT services were integrated with other services such as STI diagnosis and treatment. VCT services were offered free of charge. Test results were provided on the same day. Clients in need of other services were referred to local appropriate governmental, private, and NGO facilities. By the end of 2005, more than 7000 people had received VCT services. As of March 2006, 27 sites that offered services according to the National VCT Guidelines were established in 19 districts.

Strengthen linkages between HIV and VCT services and other prevention, care, and support services.

FHI linked VCT services with other prevention and care programs in several ways. VCT sites developed a directory of referral services. BCI IAs were linked to VCT services so that PEs and OREs could make referrals as they had been doing for STI services. VCT service sites hosted meetings with the District AIDS Coordination Committee (DACC) and other stakeholders to raise awareness for VCT. VCT was integrated into 12 STI service sites. Beginning in 2005, an essential package of care and support services was added to existing VCT centers.

3.2 Strengthen community programs to provide care and support for those affected by HIV/AIDS.

Develop an essential package of care (EPC) services for Nepal, including collaborative efforts with NCASC and donors to procure drugs and supplies.

Starting in 2004, FHI strengthened community care and support programs by providing technical assistance to NCASC to define EPC services that could be provided at various levels of healthcare facilities—as well as in communities and at home. Based on these services, FHI developed service delivery guidelines and a corresponding training course to develop care centers with IMPACT support. FHI developed *Operational Guidelines for Essential Package of Care for FHI supported Clinical Services* to assist sites in establishing and providing EPC services. IMPACT worked with groups already providing care, such as those within STI/VCT centers, and strengthened linkages between current VCT

and care services to increase access for PLHA. Because of procurement limitations and PLHA inability to pay for prevention and treatment services, FHI and its IAs developed linkages to other sources of drugs and supplies for care services including the NCASC and other donors (JICA, the Department for International Development, the World Health Organization [WHO], Medecins du Monde, and GFATM). In addition, some IMPACT IAs have found ways to use their private organizational funds to procure drugs.

Develop and strengthen the capacity to provide community and home-based care (CHBC).

Complementing EPC services, IMPACT provided technical assistance to the NCASC to develop the *National Guidelines on CHBC* to define the types of care and support that could be provided during home visits for PLHA and their families. IMPACT also supported the NCASC to conduct a "training needs assessment" and to design and field test a national CHBC curriculum. The nine-day CHBC training package for adult and children living with HIV/AIDS was developed in 2005 on the basis of the core knowledge and skills for CHBC providers. In addition, a CHBC training-of-trainers program was organized in February 2006 to create a cadre of national-level CHBC master trainers. These master trainers have rolled out CHBC trainings throughout the country.

Enhance home-based care and existing community health care programs.

With service delivery guidelines and trained CHBC providers, IMPACT supported and expanded community care and support services in Nepal from 2005. IMPACT used a combination of the EPC and CHBC services that were first integrated into existing VCT centers in Pokhara, Kaski district. By spring 2006, FHI supported 26 care and support sites in 16 districts. Two IMPACT IAs opened crisis centers in Kathmandu to provide support and shelter to PLHA from other districts until they could be referred to appropriate services. Four care and support sites have HBC teams. Services at these sites vary from one day a month at some integrated sites to six days a week, depending on demand.

To create awareness and demand for these services, PLHA developed a set of care and support books and brochures to encourage health seeking behavior among PLHA and their families as well as reduce stigma and discrimination. The materials provide information on nutrition, personal hygiene, opportunistic infections (OIs), lifestyle and living positively, how to manage treatment, and CHBC. Care and support training was provided to PLHA and their families that focused on OIs, antiretroviral therapy (ART), stigma and discrimination, VCT, nutrition, and yoga. Family counseling was also provided to families of PLHA through VCT sites. IMPACT also produced a video in collaboration with NAP+N on treatment, care, and support for use by PHLA and their families.

In February 2007, IMPACT supported an exposure visit for IA staff to visit care and support projects in South India. Participants from partner organizations included those individuals who were directly responsible for CHBC programs in the field. Best practices and innovative ideas from the India projects will be used to improve the IMPACT-supported care and support projects in Nepal.

3.3 Strengthen capacity to provide medical and psychological care including PMTCT.

When IMPACT began, widespread access to treatment and ARVs were not yet available in Nepal. Clinical care and treatment services were scarce and mostly available for those who could afford them. IMPACT provided strategic technical assistance to the NCASC to develop key clinical guidelines, policies, and training curricula—all critical resources for the safe and effective scale-up of clinical care services when ART became more widely available.

Assist the MoHP and NCASC in developing key documents to provide the policy and planning infrastructure for clinical management of HIV/AIDS including care, treatment, and PMTCT.

In 2002, IMPACT provided technical assistance to NCASC in planning for the development of HIV/AIDS clinical care and treatment. As the GoN launched ART services, FHI supported the development of a series of national guidelines and standard operating procedures (SOPs), which included the National Guidelines on Antiretroviral Therapy (2004) (2005); SOPs for Implementation of Antiretroviral Treatment (Adults and Children) (2003); and the Protocol for Antiretroviral Therapy at Sukraraj Tropical and Infectious Disease Hospital (2004).

In 2004, UNICEF supported a PMTCT needs assessment and strategic planning meeting with NCASC. FHI participated in these activities and the development of the *National PMTCT Guidelines (2005).* At the PMTCT sites in Nepal, IMPACT also provided a series of communications materials developed for expectant mothers during antenatal care and delivery.

In 2004, despite an estimated 9,000 PLHA[3] in Nepal who required treatment and care, only a handful of Nepalese with HIV had access to ART and OI prophylaxis and treatment. Recognizing this gap in services, NCASC gathered a team of international and domestic experts (including FHI staff) to determine what was needed in terms of treatment, care, and support services. After an intense two weeks of stakeholder interviews, site visits, costing exercises, and lively discussions, the group presented its recommendations to the government, donors, and other key organizations. With available and additional resources in the coming year, the team proposed a national rollout plan to:

- Strengthen services in Kathmandu and then expand them to Biratnagar/Dharan in the East and Nepalgunj in the Midwest
- Immediately begin cotrimoxazole chemoprophylaxis through CBOs to prevent episodes of OI such as pneumonia
- Enroll 450 PLHA on ART supported by appropriate testing, counseling, and drug supply (such as alternative first- and second-line regimens)
- Develop capacity, providers, and resources to foster CHBC services for PLHA
- Involve PLHA in monitoring services to address HIV/AIDS-related stigma and discrimination

This national rollout plan laid the foundation for the scaling up of treatment, care, and support work in Nepal.

Strengthen the national capacity to provide HIV/AIDS care and treatment (including ARV therapy services when available).

With key national service delivery policy documents developed, IMPACT worked with NCASC and other stakeholders to develop human resources and expertise in care, support, and treatment to deliver these services. FHI supported 11 doctors to attend training in Thailand on clinical management of OI and ART. These physicians are now the leading care providers for PLHA and technical resources for the GoN. In addition, FHI helped the NCASC develop a training curriculum in 2005–the Clinical Management of HIV/AIDS. The 10-day training course trained doctors and staff nurses from different hospitals to provide ART and OI services. NCASC then used the curriculum to conduct training courses for 400 providers in 2006.

[3] In 2004, the national estimate of PLHA in Nepal was 60,000. WHO uses an estimate of 15% of PLHA as requiring treatment, giving an estimate of 9,000 PLHA in Nepal who require treatment and care.

3.4 Promote human rights and reduce stigma.

Little was known about HIV/AIDS-related stigma and discrimination when IMPACT started, but many PLHA reported its widespread existence in their families, communities, and healthcare facilities. IMPACT therefore sought first to understand these issues through formative research and then developed strategies to reduce stigma.

Research the issues related to HIV/AIDS-related stigma and discrimination as experienced by PLHA and perceived by the community.

Beginning in 2003, FHI began more comprehensive activities to reduce HIV/AIDS-related stigma and discrimination, beginning with two studies on PLHA experiences with and community perceptions of HIV/AIDS-related stigma and discrimination. This formative research explored issues and helped give voice to PLHA about their experiences. IMPACT produced three publications based on the findings, including one on stigma and discrimination faced by women living with HIV/AIDS.

Raise public awareness to promote service utilization and reduce stigma and discrimination.

On the basis of research findings, IMPACT launched a series of communications and social mobilization activities in 2004: a national mass media communication campaign to raise general public awareness about HIV/AIDS stigma and discrimination; and community-level social mobilization led by PLHA in their own communities. FHI/Nepal, in partnership with NAP+N, developed a national multi-media campaign as a weekly radio program *Ek Apas Ka Kura (Talking to Each Other)* launched in March 2005 (detailed under **S-IR2**).

FHI/Nepal also supported the Nepal Medical Association to implement a training program aimed at reducing HIV-related stigma and discrimination among health care providers. FHI and its IAs sensitized almost 7000 people to HIV/AIDS-related stigma and discrimination in 2004 and 2005.
FHI/Nepal partnered with NAP+N and celebrity singers to produce a music DVD titled *Manish sanga, manish mile, harijeet kasko huncha? (When people come together, nobody loses).* This DVD was broadcast free on radio and television stations. IMPACT also supported the production of a three-part telefilm series, *Right Left, Right Left,* with the two leading Nepali comedians. The telefilm was designed to reduced stigma and discrimination and was broadcast for free on the most popular television network in Nepal in March 2007.

Mobilize PLHA and community groups to address and reduce HIV/AIDS-related stigma and discrimination.

Under IMPACT, a stigma-reduction toolkit that was developed by the CHANGE Project in Africa, was adapted for Nepal by a group of PLHA and translated into the Nepali language. The toolkit contains 57 activities on overcoming HIV/AIDS-related stigma and discrimination. FHI then contracted three PLHA groups and organizations that work closely with PLHA through RRFs to field test the toolkit in their communities and among the general public (such as at schools, hospitals, youth clubs, and police and army barracks). These activities improved the capacity of PLHA in planning, organizing, and presenting before an audience. The groups also reported positive responses from participants in these communities, such as an increased demand for VCT.

IMPLEMENTATION AND MANAGEMENT

Implementation

IMPACT/Nepal was a key USAID partner for supporting the GoN's HIV/AIDS program in Nepal. The IMPACT/Nepal strategies were designed to directly support the GoN's national HIV/AIDS strategy and USAID's HIV/AIDS strategy.

The IMPACT/Nepal Project strategies were implemented by a number of diverse local organizations and monitored by a team of FHI/Nepal program officers, technical officers, and finance officers. FHI/Nepal senior management provided project supervision; coordination with the GoN, USAID, and other stakeholders; and programmatic and financial oversight. FHI supported IAs mainly through subagreements developed collaboratively with IAs and FHI staff. A total of 109 agreements (including subagreements, contracts, task orders, and rapid-response funds) were signed with more than 50 agencies. ***For details, see Attachment E***. These agencies included NGOs, research agencies, FBOs, youth organizations, and PLHA support groups/networks.

During IMPACT, Nepal was marked by continued political conflict and internal violence, which created large numbers of internally displaced people as well as economic, political, and social instability. This has also affected the mobility and vulnerability of most-at-risk groups. Changes in government leadership have been frequent and the development of a multi-sectoral response to the HIV/AIDS epidemic in the country was constrained.

Management

Strengthen FHI management and technical leadership to provide appropriate and timely support to the national response to the HIV/AIDS epidemic

Increase the country office capacity to manage a comprehensive prevention-to-care program, primarily through increased staffing and training.

Beginning in July 2001, FHI/Nepal worked towards financial and contractual decentralization with the on-site support of the regional contracts officer to train local staff in contract and subagreement development and execution. In 2003, FHI/Nepal was one of the first offices to be officially decentralized and recognized as having the capacity to write and execute contracts at the country-office level. Decentralization was reviewed in 2004 with a change in country director and reactivated in 2005.

During IMPACT, the FHI/Nepal country office was staffed with a total of 38 full-time employees (28 professional and 10 support staff). A variety of capacity-building activities were conducted for staff, including training, conference presentations, and exposure visits in Asia.

In 2004, there was a change in country directors when Dr. James Ross left Nepal in June and Ms. Asha Basnyat was appointed to replace him. During this management transition, Ms. Asha Basnyat served as the acting country director, with assistance from Dr. Neil Brenden for a month and a half. Changes in program design led to major organizational restructuring. The Technical and Program Unit was re-structured into three separate units: Prevention; Care and Support; and Surveillance, Research, and Monitoring. In an effort to decentralize, these units were headed by team leaders under direct supervision of the deputy director for program and technical resources.

Conduct strategic planning and budgeting—with FHI/Nepal strategy development, management review, and annual workplanning in a participatory manner and in support of the GoN and USAID strategies.

In 2002, FHI/Nepal developed its country strategy that guided IMPACT implementation. Additionally, FHI developed other strategies, such as the BCI Strategy, GIPA Strategy, and Care and Support Strategy. Annual workplans were developed in a participatory manner and involved staff over the course of several months in order to reflect on past achievements and needs for the coming year within the context of the GoN and USAID/Nepal's overall strategies. IMPACT staff then met quarterly or semiannually to review progress and revise planned activities based on timing and available resources. FHI/Nepal also monitored IAs both programmatically and financially to ensure that projects were being implemented to reach expected results.

Strengthen FHI/Nepal information resources to support technical and programmatic sharing, monitoring, and reporting.

FHI/Nepal sought different ways to improve information resources available to staff, IAs and external stakeholders such as strengthening its resource center in Kathmandu; developing a communications materials database and resource center; maintaining central documentation; and creating an intranet.

For IAs and external audiences, FHI/Nepal used several different means to share information and disseminate key program documents. These included sharing FHI global publications and disseminating strategies; disseminating FHI/Nepal program documents and accomplishments and other key HIV/AIDS-related information through mail and e-mail; presenting key findings and strategies at team meetings and workshops; supporting research and surveillance dissemination in collaboration with NCASC; and updating key documents on the FHI global and NCASC websites.

Strengthen monitoring systems to track and report on strategy implementation

Ensure routine monitoring and coordination with each subproject and among team of partners.

At the beginning of IMPACT, FHI/Nepal had a well-established monitoring system that enabled monthly collection of a set of indicators from IAs and aggregate them for routine reporting. In addition, IAs submitted a quarterly narrative report that was reviewed and finalized in discussions with program officers. During IMPACT, many improvements were made to the management information systems (MIS) for FHI/Nepal. With the expansion of IMPACT and the onset of the President's Emergency Plan for AIDS Relief, the numbers and types of indicators have changed. Some indicators, such as those related to care and support services and VCT sites, were added when these types of projects were integrated into the IMPACT project. Others were mandated through global reporting systems that were initiated by the President's Plan and were regularly reported on global spread sheet indicators.

FHI internally created other mechanisms to better support subproject implementation, including creation of subproject design and finance teams; systematic subproject monitoring; technical support through national and international technical expertise; and quarterly program review meetings. Quality monitoring was improved through operational mapping systems. FHI trained all IAs working on HIV-prevention activities in mobility and operational mapping.

Report to USAID and FHI Asia Regional Office on progress toward strategy results, annual workplan activities, and indicators.

During IMPACT, there were several types of routine reporting and communication with the FHI Asia Pacific Division and USAID. Routine FHI reporting included monthly activity summaries sent to the Arlington, VA office; teleconferences with the FHI Asia/Pacific Division weekly or as needed; semi-annual reports; annual IMPACT workplans; financial audit reporting; global spread sheet reporting every three months; and responding to other requests for program information as needed.

FHI also maintained regular communication with USAID/Nepal through program update meetings; input and support during USAID's HIV/AIDS strategy development process in 2001; USAID's mid-strategy review in 2004; and responding to periodic requests for information. FHI also shared key program documents such as annual workplans, information on FHI's Performance Monitoring Plan, success stories, and participation in mission or technical meetings as needed.

Update the M&E plan and MIS annually to ensure accurate and sufficient monitoring to demonstrate accomplishments, including the incorporation of the Geographic Information System (GIS).

From 2002 onward, FHI/Nepal began to strengthen its overall M&E system. During IMPACT, M&E strategies were implemented to support program planning and feedback system in the process of strengthening HIV/AIDS interventions. A global M&E framework was adopted to track program-generated process data, and BSS and Integrated Biologic and Behavioral Survey (IBBS) were conducted to track outcome-level and impact-level indicators. FHI/Nepal developed its M&E plan, established a system for quality assurance, revised M&E tools, developed a coverage-monitoring plan, strengthened operational mapping within project areas, used GIS for program monitoring, and trained partners on qualitative monitoring. To improve ongoing program monitoring, FHI developed routine data-analysis guidelines for use by IAs. A systematic MIS database was created in Microsoft Access and was further developed with GIS.

On data collection, FHI revised the process indicator forms several times in discussions with IAs, technical officers, and USAID. FHI staff then oriented IAs at workshops on indicators and developed guidelines for the process indicator forms to define each indicator. FHI supported IAs through field visits to improve consistent data collection within their projects and across IAs.

Conduct assessments and evaluations as needed to plan, monitor, and evaluate interventions, subprojects and strategies.

To begin new projects or activities, IMPACT conducted assessments usually by providing technical assistance to a new IA in the assessment phase as the IA was beginning to develop an understanding of project needs and context. Assessments were also conducted by consultants or technical advisors or through subagreements, task orders, and contracts. FHI conducted few formal evaluations under IMPACT but often conducted reviews of key activities to review strategies, implementation, and report findings back into the next phase of program design.

Ensure coordination and collaboration with key stakeholders, IAs, other HIV/AIDS projects and donors to maximize synergies across programs, share resources, and avoid duplication.

Maintain positive and continuous communication and coordination with the GoN, in particular NCASC.

Given that IMPACT was designed to support the GoN's HIV/AIDS program—in particular the NCASC— FHI worked closely with the NCASC and other GoN staff. Despite frequent turnover at NCASC during the five years of IMPACT, FHI oriented each director to the IMPACT program, looked for ways to support new leadership, and provided continuity in technical assistance. FHI met with NCASC regularly on technical issues, provided supplemental workplan funding and support, developed and printed national guidelines and training curricula, and participated in technical working groups as requested. The majority of IMPACT/Nepal's first Subintermediate Result (S-IR) focused on national capacity building, and relations with NCASC were ongoing and positive. There are several examples of FHI's responsiveness to NCASC needs and requests, such as the development of a mass media communication campaign—*Let's Start Talking About AIDS Today*—in 2002, as well as organization of an ARV guidelines-development workshop held in January 2003 and the resulting site protocols. FHI worked to develop and maintain positive and supportive working relationships at the district level through its IAs. Contacts with local political bodies and district line agencies were also maintained through regular meetings with the District AIDS Coordination Committee (DACC), District Public Health Office (DPHO), Village Development Committee, and municipalities.

Support and respond to USAID through regular communication and discussion on administrative, technical, and programmatic issues to ensure effective implementation and reporting.

IMPACT/Nepal received support from the USAID Mission in Nepal. As described earlier, FHI provided technical assistance and input into USAID's HIV/AIDS Strategy 2002–2006, as well as the strategy mid-term review in 2004. FHI provided HIV/AIDS and IMPACT orientations to USAID staff and traveled to the field with USAID staff for routine monitoring. IMPACT project sites were used to showcase HIV/AIDS program activities in Nepal to visiting US dignitaries.

FHI also maintained regular reporting and communication with USAID/Nepal and participated in annual workplanning coordination meetings. USAID staff frequently participated in IMPACT activities, including meetings, trainings, and research-dissemination activities. FHI, along with IA staff and PLHA, also provided HIV/AIDS orientations to USAID and US Embassy staff in 2003 and 2004. FHI worked collaboratively with the other HIV/AIDS partners to prepare and present accomplishments for USAID annual reporting.

Establish and promote coordination and collaboration with and between IAs, other USAID partners, other HIV/AIDS projects, donors, and stakeholders.

There is detailed information on coordination and collaboration in the description of IMPACT activities in Section C (Program Strategies and Activities). Coordination with USAID partners, particularly PSI, is detailed in prevention activities. Coordination activities with the Futures Group International's POLICY Project focused on national policy issues and also worked directly with most-at-risk groups to help them develop capacity to advocate their needs and priorities. IMPACT/Nepal and the POLICY Project jointly organized an "Advocacy for Change" training workshop and supported the Nepal police headquarters to develop and operationalize an HIV/AIDS strategy and an HIV/AIDS curriculum for senior-level officers. FHI staff also participated in the regular bimonthly meetings of all USAID partners.

IMPACT staff held regular update meetings with IAs to discuss and review IMPACT project implementation, and staff organized team meetings with all IAs at least once a year. FHI had numerous meetings with stakeholders and donors and participated in dozens of meetings and conferences. This breadth and depth of involvement was part of FHI's ongoing role in technical assistance on HIV/AIDS in support of NCASC.

FHI/Nepal has had strong finance and administrative systems in place since the beginning of IMPACT. An annual audit was performed during the life of the project period by FHI's Office of Internal Audit (FHI/North Carolina) through the independent firm, T.R. Upadhyaya & Co. USAID's Office of Financial Management in Nepal also performed an audit review of FHI in January 2005.

Finance

Financial systems to support and monitor subprojects are equally strong. Preaward audits were performed for new subrecipient organizations, and areas that required strengthening were addressed in financial management training that was organized for new IAs and was repeated on a periodic basis. Cost analysis tools were also reviewed and applied periodically. Internal audits of IMPACT IAs were performed regularly by an FHI/HQ internal audit. During the course of the IMPACT project, a web-based IA financial system was implemented in order to monitor IA expenditure status. Staff in the FHI country office regularly conducted financial and administrative reviews of all IAs. FHI staff participated in regional finance workshops annually to polish their own skills and share experiences with other FHI staff.

At the end of each fiscal year, FHI/Nepal submitted an annual inventory report of nonexpendable property to USAID. FHI also submitted a financial status report to USAID on a quarterly basis through FHI/HQ.

NEPAL PROGRAM TIMELINE

Program Deliverables	**2001**		**2002**		**2003**		**2004**		**2005**		**2006**		**2007**
	Jan–June	**July–Dec**	Jan–June	**July–Dec**	Jan–June	**July–Dec**	Jan–June	July–Dec	**Jan–June**	July–Dec	**Jan–June**	July–Dec	**Jan–Mar**
S-IR 1: Increased National Capacity to Manage an Effective Response to the HIV Epidemic													
Technical assistance provided to NCASC to develop various national guidelines/training curricula.													
National HIV/AIDS strategy (2002–2006) developed with FHI input.													
Let's Start Talking about AIDS Today celebrity media campaign conducted by NCASC with FHI and PSI support.													
Supplemental workplan developed and implemented by NCASC.													
NEPAL ARMY exposure visit to Cambodia conducted.													
NEPAL ARMY HIV/AIDS task force formed and activities developed.													
NEPAL ARMY GFATM-supported activities and research conducted with FHI technical assistance.													
National BCC strategy (2006) developed with FHI support.													
National SGS working group established.													
National SGS plan developed, implemented, and annually updated.													
Surveillance studies on different target groups conducted.													
National Estimates of Adult HIV Infections in Nepal analysis conducted and report produced.													
NAP+N supported.													
Local PLHA groups formed and supported by FHI and IAs.													

Program Deliverables	**2001**		**2002**		**2003**		**2004**		**2005**		**2006**		**2007**
	Jan–June	**July–Dec**	Jan–June	**July–Dec**	Jan–June	**July–Dec**	Jan–June	July–Dec	**Jan–June**	July–Dec	**Jan–June**	July–Dec	**Jan–Mar**
S-IR 2: Increased Access to Information and Prevention Services for HIV/AIDS and Other STIs													
Safe Highways Initiative expanded from 16 to 22 *Terai* districts.													
Community assessments conducted along new highway segments.													
Safe Highways Initiative expands from 22 to 24 *Terai* districts													
Safe Highways Initiative evaluation conducted.													
Safe Migration Initiative began in two districts.													
Safe Migration Initiative refocused as a cross-border program between Mumbai, India and high-migration areas in Nepal.													
Assessment of Safe Migration Initiative conducted in Mumbai, India among Nepali migrant men.													
Safe Migration Initiative shifted to three new districts.													
Desh Paradesh radio program conducted in India and Nepal.													
Assessment of Safe Migration radio program conducted.													
Safe Cities Initiative added to IMPACT.													
Safe Cities program review conducted.													
Safe Cities program revised.													
Jhilkey Dai Campaign continued with IMPACT funding.													
Cost Analysis of BCI for HIV Prevention conducted.													
Glossary of HIV/AIDS terms developed.													
PE manual developed and disseminated.													

Program Deliverables	**2001**		**2002**		**2003**		**2004**		**2005**		**2006**		**2007**
	Jan–June	**July–Dec**	Jan–June	**July–Dec**	Jan–June	**July–Dec**	Jan–June	July–Dec	**Jan–June**	July–Dec	**Jan–June**	July–Dec	**Jan–Mar**
PE toolkit developed and disseminated.													
BCI documentation research conducted.													
FHI audience profile produced in collaboration with PSI.													
FHI BCI strategy developed.													
BCI projects redesigned based on strategic framework.													
Community assessment manual developed for use by IAs when conducting HIV-related community-level assessments													
New STI service delivery model developed and project established in 16 *Terai* districts for FSWs and their clients.													
Partnership with NTEA formed in Makwanpur district.													
STI services began in 16 *Terai* districts.													
STI services began in Kathmandu Valley under IMPACT.													
STI services began in Western, Midwestern, and Farwestern Nepal (*Terai* districts).													
STI drugs distributed to FHI-supported clinics, as provided by NCASC and JICA.													
STI services began in Pokhara.													
VCT services integrated into some STI clinics.													
National training manual on STI management developed.													
STI program review conducted.													
S-IR 3: Appropriate Care And Support Strategies Implemented to Mitigate the Impact of the HIV Epidemic													
VCT assessment conducted.													
VCT counseling manual developed and field tested.													

Program Deliverables	**2001**		**2002**		**2003**		**2004**		**2005**		**2006**		**2007**
	Jan–June	**July–Dec**	Jan–June	**July–Dec**	Jan–June	**July–Dec**	Jan–June	July–Dec	**Jan–June**	July–Dec	**Jan–June**	July–Dec	**Jan–Mar**
National Guidelines for Voluntary HIV/AIDS Counseling and Testing developed, printed, and disseminated by NCASC.													
First VCT site added in Pokhara.													
Competency-based curriculum for VCT counselors and course reader for participants developed.													
Training course on rapid HIV testing conducted and procedure manual developed.													
Counselor cue cards and educational flipchart developed.													
Quality control system set up with NPHL.													
VCT sites established and expanded.													
DBS protocol for VCT QC developed and piloted.													
DBS for VCT QC validation study conducted.													
VCT program review conducted.													
FHI/Nepal care and support strategy developed.													
Site Protocols for ART Services and Standard Operating Procedures for Implementation of ART developed.													
National ART Guidelines developed and revised.													
Clinical management of HIV/AIDS – Facilitator Manual and Participant Manual developed and field tested.													

Program Deliverables	**2001**		**2002**		**2003**		**2004**		**2005**		**2006**		**2007**
	Jan–June	**July–Dec**	Jan–June	**July–Dec**	Jan–June	**July–Dec**	Jan–June	July–Dec	**Jan–June**	July–Dec	**Jan–June**	July–Dec	**Jan–Mar**
Assessment and recommendation for national rollout plan: HIV/AIDS treatment, care, and support in Nepal, October 2004–September 2005 conducted.													
Publication series on care and support developed (5 booklets and 15 brochures).													
Essential package of care (EPC) developed.													
CHBC of adults and children with HIV and AIDS in Nepal–manual for trainers and participants developed.													
Care and support services integrated into existing projects.													
Physicians supported by FHI for regional training in Thailand in clinical management and ART.													
NCASC conducted Clinical Management of HIV/AIDS course with GFATM funds.													
National guidelines for PMTCT of HIV in Nepal developed.													
FHI GIPA strategy developed and revised.													
Stigma research conducted.													
Stigma toolkit adapted and used.													
Ek Aapas ka Kura radio campaign (2005–2006) conducted.													
Music DVD launched–*When people come together, nobody loses*–with celebrity singers and PLHA													
Left Right, Left Right stigma film produced.													
Exposure visit to care and support projects in India for IAs and FHI Staff													
Treatment, care, and support video produced for PHLA													

PROGRAM RESULTS

Program outputs

Research and Assessment Reports: During IMPACT, a total of five BSS, 22 IBBS/sero studies, 15 ethnography/qualitative studies, six size-estimation studies, and four program evaluation/assessment studies were conducted. ***See Attachment C for a detailed list.***

Communication materials produced by IAs: Various types of communication materials in Nepali were developed by IMPACT IAs for use in the field. These included posters, brochures, pamphlets, stickers, and flipcharts. IAs developed materials such as key-rings, T-shirts, and calendars, which were distributed during events such as National Condom Day and World AIDS Day. In addition, IAs developed handbooks and guidelines on related topics for use at the field level. ***See Attachment F for a detailed list.***

FH/Nepal publications: FHI/Nepal developed a number of communication materials to be used by IMPACT IAs in the field. Posters, brochures, booklets, and flipcharts covering topics such as ABC messages, STIs, care and support of PLHA, OI management, and ARV were developed in Nepali and given to IAs for distribution during outreach work. FHI/Nepal also produced summary reports and fact sheets based on findings of research studies conducted under IMPACT. Job aids such as flipcharts and manuals—for use by VCT counselors, for example—were also developed. ***See Attachment B for a detailed list.***

Mass media communications campaigns: There were four different mass media campaigns under IMPACT: Second-generation *Jhilkey Dai* Multimedia Campaign (2000–2002); *Lets Talk About AIDS Today* multimedia campaign featuring nine celebrities, athletes, personalities, and PLHA (2002); *Desh Paradesh* radio program (2005–2006) for migrants and families in Nepal and India; and Stigma Reduction Campaign (2005–2006) for the general public through radio and television. For details of the campaigns, see ***Attachment D***.

Capacity development:
As the first IMPACT/Nepal S-IRs is devoted to capacity-building, all capacity-development accomplishments are described under the Program Strategies and Activities section.

Trainings:
FHI and its IAs trained more than 50,000 people over the life of the IMPACT project. Most of these trainings were conducted by IAs, either for staff or target groups. A small number of trainings were conducted by FHI directly, mainly on key technical issues when new initiatives and services were introduced.

Service outputs

IMPACT/Nepal provided a range of services to most-at-risk populations and PLHA during the five-year program. Service outputs included both the service delivery sites as well as the numbers of people who were provided care through these sites. Data presented in this section were aggregated based on calendar years, unless otherwise noted.

Reaching Increasing Numbers with Community-based Prevention

The main service delivery mechanisms for prevention BCI were PEs, OREs, and DICs:

- Total number of PEs rose from 147 PEs in 2001 to 1041 in 2005.
- DICs increased from 27 in 2001 up to 182 by the end of 2005.

Over the course of IMPACT, FHI and its IAs were able to:

- reach more than 87,000 new contacts;
- conduct more than 600,000 repeated educational contacts; and
- reach more than 700,000 people through community events (not including the millions reached through mass media communications campaigns and condom social-marketing activities).

Growing Numbers of People Diagnosed and Treated for STIs through an Expanding Network of STI Clinics

- By the end of 2005, FHI supported 22 STI sites.
- Through these clinics, FHI and its IAs reached a total of almost 24,000 people who were diagnosed and treated for STIs.
- In 2005, of the total STI patients treated at IMPACT-supported STI sites, 83 percent were female—with 2 of every 3 women coming from the FSW target group.

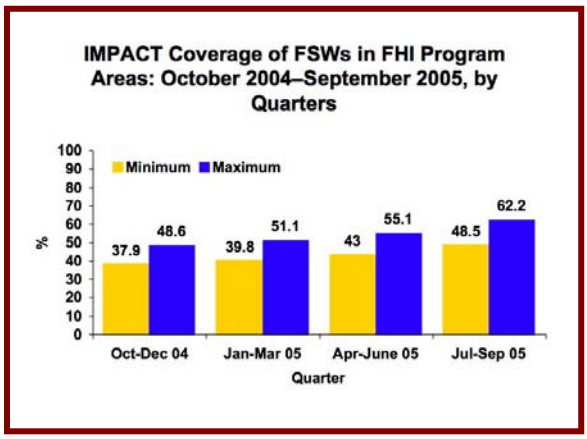
Increased Access and Use of VCT Services

- By the end of 2005, there were 26 IMPACT-supported VCT sites providing VCT services in accordance with national standards.
- Of these VCT centers, eight are stand-alone sites that only offer VCT and 18 have STI and VCT integrated services.
- Through the network of VCT centers, IMPACT reached 7235 people who received VCT services.
- Of those receiving full VCT services, 933 VCT clients were HIV positive (13 percent).

Growing Numbers of People Treated for HIV/AIDS

- By the end of 2005, IMPACT supported 25 care sites.
- In less than a year of care services, FHI provided basic health checkups for 521 PLHA. Among these patients:
- 178 received cotrimoxazole as prophylaxis and 257 were diagnosed and treated for OIs.
- For TB services, 137 PLHA were screened and 25 are recovering after TB treatment.
- In nine months, 38 PLHA were referred for ART.

HIV/AIDS Stigma Sensitizations Reach Thousands in Two Years of Programming
Beginning in 2004, USAID added an indicator to the Performance Monitoring Plan on stigma and discrimination. IMPACT sensitized 6937 people to HIV/AIDS-related stigma and discrimination through the end of 2005.



Program outcomes and impact

Calculating and Increasing Coverage
On the basis of size estimates ***(see Attachment H)***, FHI began to measure program coverage in 2004. Overall program coverage among FSWs increased to more than 60 percent in the FHI program area by September 2005.

Measuring Progress Among Specific Subpopulations

FSWs and their Clients: 22 Terai Districts
Three rounds of IBBS have been conducted with FSWs and Truckers in the *Terai*. The first was under AIDSCAP in 1999 and included 16 *Terai* districts in Eastern/Central Nepal. The second and third rounds included all 22 *Terai* highway districts.

Outcomes among FSWs in the *Terai*:

- HIV prevalence among FSWs decreased significantly between 1999 and 2006 in the 16 *terai* districts in the Eastern/Central sample from 3.9 percent to 1.5 percent. Similarly, prevalence of syphilis also dropped significantly from 12 percent in 1999 to 5 percent in 2006.
- Gonorrhea infection dropped from 18 percent in 2003 to 10 percent in 2006. However, Chlamydia prevalence showed a steady rise over time (9 percent in 1999, 12 percent in 2003, and 18 percent in 2006).
- About 79 percent of FSWs reported being reached by outreach workers in 2006. But only about one third reported that they accessed available VCT and STI services.
- In 2003, 23 percent of FSWs reported consistent condom use with clients, and this increased to 43 percent in 2006. However, consistent condom use with husbands and boyfriends remains very low at 6 percent.

Outcomes among Truckers in the *Terai*:

- HIV prevalence among truckers in 2006 was 1 percent, which is not significantly different from 1999 (1.5 percent) and 2003 (1.8 percent).
- Similarly, the prevalence of current syphilis also has remained constant at around 2 percent since 1999.
- In 2006, only about 10 percent of truckers reported STI symptoms; among these, about half reported obtaining treatment for the symptoms. Of those treating their symptoms, 25 percent did so at private clinics.
- The percentage of truckers who reported consistent condom use with FSWs has increased significantly from 71 percent to 83 percent between 2003 and 2006.

FSWs and their clients: Kathmandu

During IMPACT, FHI supported two rounds of IBBS in 2004 and 2006.

Among FSWs in Kathmandu, several outcomes occurred:

- Both the 2004 and the 2006 IBBS found 99 percent of FSWs had heard of HIV/AIDS.
- In the 2004 IBBS, FSWs knew some of the ABCs of HIV prevention, such as abstinence (37 percent), being faithful (28 percent) and consistent condom use (94 percent)—however only 7 percent reported knowing all three ABCs and having no misconceptions about HIV/AIDS transmission. In 2006, 30 percent of FSWs knew at least 2 ABCs and had no misconceptions about transmission.
- Consistent condom use with clients did not increase between the 2004 and 2006 rounds of IBBS. About 56 percent of FSWs reported consistent condom use with clients in both surveys. Only about 7 percent of FSWs in both rounds reported using condoms with husbands or boyfriends.
- The 2004 IBBS found that 41 percent of FSWs reported experiencing at least one type of STI symptom in the past year, and 100 percent of these women reported being treated (including self-treatment). This increased to 56 percent in 2006.
- HIV prevalence among FSWs has not significantly changed between 2004 (2 percent) and 2006 (1.4 percent).

For FSW clients in Kathmandu, IMPACT supported two rounds of BSS among clients in 2001 and in 2004. These studies are comparable, but neither includes HIV- or STI-prevalence data:

- Both studies found very high levels (more than 98 percent) of men surveyed had heard of HIV/AIDS.
- Clients of FSWs also knew the ABCs of HIV prevention by 2004: 17 percent on abstinence, 47 percent on being faithful, and 98 percent on consistent condom use. In the 2004 BBS, the combination of knowing all three ABCs and having no misconceptions about HIV/AIDS transmission was measured for the first time and was only 6.7 percent among FSW clients in Kathmandu.
- Safer sex behaviors were also seen among clients: consistently high last condom use with a non-marital, non-cohabitating partner at 89 percent in 2001 and 85 percent in 2004 (not a statistically significant difference). Consistent condom use increased significantly from 67 percent in 2001 to 81 percent in 2004.
- Both studies found around 7 percent of FSW clients reported ever experiencing STI symptoms (sores, pus, or pain).

FSWs and Clients of FSWs: Pokhara

FHI began working with FSWs and their clients in Pokhara in 2003. During IMPACT, FHI supported two rounds of IBBS in 2004 and 2006 among 200 FSWs.

Several outcomes among FSWs in Pokhara occurred:

- HIV prevalence among FSWs has remained constant at 2 percent since 2004.
- Consistent condom use among FSWs with clients has not increased since 2004 and was about 37 percent in 2006.
- Knowledge of STI symptoms among FSWs has increased over time. In 2004, about 48 percent of FSWs had reported lack of any knowledge of STI symptoms. This decreased to 15 percent in 2006. In both rounds of IBBS, about 23 percent of FSWs reported some STI symptoms in the past 12 months.
- Syphilis prevalence has not increased. The current syphilis infection rate in 2006 was about 2 percent, the same as in 2004.

IMPACT supported the first BSS among 400 clients of FSWs in 2004. No HIV or STI prevalence data had been collected on this subgroup to date. Findings include:

- Of the men surveyed, 100 percent had heard of HIV/AIDS.
- Few clients knew all of the ABCs of HIV prevention: 13 percent knew about abstinence; 15 percent, being faithful; and 99 percent, consistent condom use. Only 6 percent knew about and correctly answered questions on all three ABCs and having no misconceptions about HIV/AIDS transmission.
- Safer sex behaviors were also seen: high last condom use with a non-marital, non-cohabitating partner at 89 percent and consistent condom use at 85 percent.
- Very few men (1.5 percent) reported ever experiencing STI symptoms (sores, pus, or pain).

MSM in Kathmandu

The first IBBS was conducted by IMPACT in 2004 among MSM and MSWs. FHI will repeat the study in 2007 after the IMPACT program ends. Baseline findings among all MSM (including MSWs) were:

- The 2004 IBBS found that more than 80 percent of MSM had heard of HIV/AIDS.
- MSM knew about the ABCs of HIV prevention, such as abstinence (71 percent), being faithful (82 percent), and consistent condom use (90 percent)—and 34 percent reported knowing all three ABCs and having no misconceptions about HIV/AIDS transmission.
- Baseline data on risk-taking behaviors are from the 2004 IBBS data: last condom use with a non-marital, non-cohabitating partner at 67 percent and consistent condom use at 50 percent.
- Among MSM, 18 percent reported STI symptoms such as genital ulcers/sores, and 13 percent reported urethral discharge.
- With 29 percent of MSM surveyed reporting having experienced at least one type of STI symptom in the past year, the majority (58 percent) reported being treated (including self-treatment).
- HIV prevalence among MSM was measured at 3.9 percent as a baseline. STI prevalence of at least one STI was 27 percent. Specifically, 19 percent of MSM and 54 percent of MSW had HSV-2 (herpes) as the leading STI in both groups.

Migrants in Western Nepal

The first IBBS was conducted by IMPACT in 2006 among migrant males in five districts in Western Nepal and six districts in Midwestern and Farwestern Nepal. Baseline findings were:

- HIV prevalence among migrants in Western and Mid- and Farwestern Nepal is 1.1 percent and 2.8 percent, respectively. HIV prevalence among those who had sex in India with sex workers is much higher compared to those who do not have sex there.

- Only about 8 percent of migrants reported STI symptoms in the past 12 months.
- More than 90 percent of migrants had heard about HIV/AIDS, but only about 16 percent of migrants from Western and 22 percent of migrants from Mid- and Farwest had heard of HIV/AIDS.

Other Most-at-risk Groups

IMPACT did not have significant prevention and care programming for IDUs but supported national programs by conducting research and surveillance in 2001, 2003, and 2005. HIV-prevalence data are presented below.

Indicator	Disaggregation	Year	Percentage
Percent HIV-positive among IDUs	A. Kathmandu	2001–Baseline	68%
		2005	51.6%
	B. Eastern *Terai* districts (Jhapa, Morang and Sunsari)	2003–Baseline	35.1%
		2005	31.6%
	C. Western *Terai* districts (Rupandehi to Kanchanpur)	2005–Baseline	11.7%
	D. Pokhara	2003–Baseline	22%
		2005	21.7%

LESSONS LEARNED AND RECOMMENDATIONS

OVERALL PROGRAM MANAGEMENT

Expansion requires commitment to capacity development. Expansion into new geographical areas, working with new target groups or providing new types of interventions or services requires a substantial commitment to capacity development and a considerable amount of time. Under IMPACT Nepal, FHI expanded programs through two types of partners: IAs with strong organizational systems and a geographic presence but no technical or programmatic experience in HIV/AIDS prevention and care; and, IAs with some technical or programmatic experience in HIV/AIDS and connections to most-at-risk groups but with very weak organizational structures.

For example, little or no organizational experience existed in Nepal for delivering VCT and care services prior to the IMPACT project. FHI remains committed to meaningful and sustainable capacity development, recognizing that developing NGO capacity and creating a national resource for HIV/AIDS programs within indigenous NGOs takes several years. This process therefore needs to be factored into program planning timelines when expansion is planned.

Coordination becomes more essential as programs expand. Coordination and collaboration are always part of good program management to develop synergies, maximize resources, and avoid duplication of efforts. As IMPACT expanded the range of services and projects in one geographic area, coordination among these IAs and other HIV/AIDS projects and services became even more essential. When activities were implemented by FHI alone, there were missed opportunities for collaboration and the synergistic effects of collective activities. Also, without good coordination, opportunities for referrals are missed. Coordination with other services such as CSM and ART are needed to offer most-at-risk groups the widest range of accessible services to help them protect themselves and receive care when needed. As the number of donors and projects increase (such as with GFATM), district- and national-level coordination will become even more critical.

PREVENTION-TO-CARE CONTINUUM PROGRAM INTERVENTIONS

A prevention-to-care continuum program is incomplete without ensuring easy availability of STI/VCT services for most-at-risk populations and treatment for PLHA. Availability of services was one of the defining factors for selecting IAs who already had well-established relationships with particular target groups. Site location and selection were also essential to subproject design and implementation. For example, the mobile STI clinic strategy was meant to make the services more available and also more accessible. Accessibility for these vulnerable, hidden populations was addressed in different ways, but continues to be challenging—such as providing free services, supplies, and medicines. Creating demand for these services among these high–risk-behavior groups is also critical to ensure that target groups are aware of the need for prevention, VCT, and care services and also are motivated to seek services when needed.

Prior to establishing new services (such as VCT and care), national guidelines, training curricula and other resources need to be developed to guide implementation and ensure quality services. National or program-wide strategies, guidelines, and other technical resources guide program development and implementation. In addition to strategies, national guidelines are necessary—especially for clinical services—before service sites and providers are created and trained. In particular, training curricula need to prepare providers to deliver care according to national standards and be competency-based in their design. If done correctly, all sites delivering services will be more likely to provide high-quality services. In cases in which national resources were not available, FHI either helped the GoN develop these materials or FHI compiled WHO guidelines and/or tools from other countries for the GoN

to adapt as possible national standards. When these types of important tools and resources were not available, implementation and expansion were delayed or difficult.

Integrating VCT services into STI service sites along the highway increases accessibility to VCT for these most-at-risk groups who otherwise may not seek VCT services. VCT centers that are located in easily accessible and convenient locations such as in existing STI static and mobile clinics (rather than in geographically isolated areas) that are already popular among most-at-risk groups are more successful in attracting those individuals seeking VCT services.

Regular syphilis diagnosis and treatment programs in collaboration with BCI partners can reduce syphilis prevalence. PEs and OEs of BCI partner organizations have a strong network to identify those in need of STI services and are able to effectively refer these individuals to STI sites. Collaboration between BCI and STI projects included mapping STI patients to identify high-risk areas where STI cases were clustered. As a result, IAs increased outreach efforts, actively promoted safer behaviors, made STI referrals, and accompanied patients back for follow-up services in these high-risk areas. This collaboration between community-based outreach projects and well-coordinated STI services delivered in DICs worked very effectively during the IMPACT project.

Mass media communication campaigns complement other activities. IMPACT's experience has shown that although targeted BCI activities are necessary to address needs of target groups, media campaigns focused at the general population should also be implemented simultaneously to reinforce awareness regarding issues related to HIV/AIDS. This also helps IAs to approach the community for their support. In the Safe Highways evaluation, it was concluded that among FSWs, exposure to group-based and individual-based NGO-related activities is strongly associated with consistent condom use. Mass media is useful in reinforcing or promoting behavior change within target groups, but alone is not sufficient.

Regular supply of condoms is critical. Because government supply of condoms is irregular, field workers were unable to distribute condoms during outreach work or use them for condom demonstrations. This in turn discourages target groups from adopting safer sex practices. Regular supplies of free condoms need to be consistently secured and provided at the field level. For those who choose to use and can afford condoms, accessible CSM outlets are needed in locations where target groups socialize, live, and work.

WORKING WITH GOVERNMENT

National conflict has strong impact on government commitment. Although at the beginning of IMPACT, FHI partners were able to develop strong linkages and networks with the various government counterparts at the district, village, and municipality levels, increased political unrest in the country led to the disbandment of local authority. In the absence of local elections, IAs were not able to receive much government support for HIV/AIDS programs in the districts, especially where political conflict was severe.

Turnover in key GoN positions—such as within NCASC—disrupt and delay effective implementation. During IMPACT, frequent changes in NCASC leadership weakened the GoN's ability to manage and implement its national strategy. GoN ownership of the HIV/AIDS programs remains strong, but continuity of management and vision proved challenging.

WORKING WITH BENEFICIARY GROUPS

Involving beneficiary group members in the planning and implementation of program activities promotes a sense of self-esteem and increases their commitment to work in the field of HIV/AIDS. IMPACT involved beneficiary members as PEs; consultants; and advisors for advocacy, strategic program planning, and communication materials development; media campaigns; radio programs; assessments; and research studies. Meaningful involvement builds capacity and also creates commitment.

Involving FSWs in analyzing problems, needs, issues, and interests, as well as in planning and implementing programs, not only increases their confidence, self-esteem and skills but also helps them assume personal responsibly for safer sex. Meaningful participation improves projects and activities but also has indirect important effects. These women are better able to demand their sexual and reproductive rights, negotiate condom use, and are more confident to deal with domestic violence, social discrimination, and other forms of exploitation and oppression.

Support groups help members of specific target groups find a common platform to discuss sensitive issues. Members from marginalized groups usually find it difficult to openly talk about topics such as sexual relations, condom use, and the reality of living with HIV/AIDS, for fear of being stigmatized. Many of these types of support groups were formed during IMPACT. Social gatherings among support group members provided these individuals with an avenue for self-assessment of needs, sharing issues, and planning activities that promote safer practices. Among PLHA, groups also provided care and support for HIV-positive people to live day-to-day in a positive way both physically and mentally.

PLHA and PLHA support groups can plan, develop, manage, and implement HIV/AIDS program activities if guidance and training are provided according to their expressed needs. Consistent with IMPACT/Nepal's support of beneficiary involvement, FHI and its partners actively involved PLHA in all levels of project activities. Initially, guidance and support were more extensive but gradually eased as these groups understood the program objectives and over time developed stronger planning, implementation, and organizational skills. Also, PLHA have gained knowledge and skills about HIV/AIDS prevention, care, and mitigation, and they are increasingly strong and articulate advocates. IMPACT's experience with PLHA is essentially the same when working with other beneficiary groups, such as FSWs and MSM.

HIV/AIDS-related programs need to address social needs of target groups. For target populations to adopt safer sex practices and seek STI/VCT/care services, HIV/AIDS programs should help them to link with organizations and programs that can take care of their other immediate needs such as providing education for their children. There are many indirect barriers to behavior change, as well as many special needs among these vulnerable groups. Addressing these needs—including free treatment, income-generating activities, psychosocial support, legal assistance, and referrals to other free services—can help these populations protect themselves and seek appropriate, timely care.

HIV/AIDS programs should address gender issues. Experience from IMPACT emphasizes that for HIV/AIDS to be addressed effectively, gender-based issues should be integrated into programs. For example, FHI's stigma and discrimination study found that women living with HIV/AIDS are stigmatized in their families and communities to a greater extent compared to men. For other vulnerable groups such as FSWs, partners of IDUs and migrant wives, gender-based issues become barriers to effective prevention and care. Developing programs with a gender-sensitive lens will help enhance women's negotiation skills and encourage men to take on more responsible roles, for example within migrant communities.

WORKING WITH NGO PARTNERS

When choosing IAs, locally registered NGOs should be selected and their coverage area should be geographically restricted. When project activities are planned in a particular district, selecting NGOs registered in that district helps ensure that the NGO has a detailed understanding of the local issues related to HIV/AIDS, is able to network more effectively, and maintain NGO accountability and sustainability. Restricting geographic coverage of NGOs makes monitoring, supervision, and measuring success more practical. In large programs, it also requires many IAs and management capacity to adequately support them.

NGOs and networks are more effective when they give up individual differences and join hands to work toward a common goal. During IMPACT, partner networks decided to work collectively on advocacy-related activities. This strengthened collaboration and coordination among different NGOs and support groups as well as with government and donor agencies.

Collaborating with unions, civil-society organizations, and the private sector strengthens community support for HIV/AIDS-related activities. FHI was very effective at building collaborative relationships with associations (such as NTEA and Nepal Medical Association) and networks (such as NANGAN, Recovering Nepal and NAP+N) to leverage their existing organizational structures, networks, and capacity. IMPACT carried over a strategy to work with the private sector from AIDSCAP II and later collaborated closely with other USAID partners to help ensure access to services for target groups through the private sector.

WORKING WITH COMMUNITY MEMBERS

Community support helps strengthen programming to reach—and not further stigmatize—most-at-risk groups. In areas where FHI IAs have developed positive working relationships with communities and local government, target groups are better served and supported. In some areas, communities are resistant to acknowledging that high-risk activities are occurring, which sometimes disrupts outreach or service delivery. Some target groups found it difficult to rent DIC or office space because community members were not receptive and sometimes discriminatory to their special needs.

Involving community members to access target populations and coordinate field work for research among hard-to-reach populations ensures community ownership of HIV/AIDS-related issues. Once a research study is finalized, study findings should be shared with the local community before findings are disseminated to a wider audience. This encourages community members to more openly discuss sensitive issues related to HIV/AIDS, and this open dialogue often helps them respond more effectively to the epidemic locally.

HIGHLIGHTS OF IMPLEMENTING PARTNER ACTIVITIES

IMPLEMENTING AGENCY MATRIX

There were 109 FCOs, each detailed in the table in ***Attachment E***.

SUBPROJECT HIGHLIGHTS

A total of 109 agreements (including subagreements, contracts, task orders, and RRFs) were signed under IMPACT with more than 50 different IAs. Together, these agencies worked in partnership with communities, health care providers, PLHA, government, and policy makers to establish a continuum of prevention-to-care services for those infected with and affected by HIV/AIDS in Nepal. During the IMPACT project, there were three main strategies: Safe Highways, Safe Cities, and Safe Migration.

Safe Highways: During IMPACT, most subprojects were implemented along Nepal's main highways, including the Prithvi, Tribhuvan and East-West Mahendra highways and the smaller connector roads to India, and in and around Kathmandu, including the Ring Road and part of the Arniko highway. At the beginning of IMPACT, there were five IAs: four implementing prevention BCI and one was providing STI services. By the end of IMPACT, FHI supported 24 subprojects with nine different organizations (including sub-grantees of direct IAs) to provide BCI, STI, VCT and care services along the highways in 24 districts. One unique aspect of the majority of Safe Highways subprojects is that they were implemented by FHI partners who had worked in these communities prior to IMPACT. Because of their strong organizational capacity and in-depth understanding of their target groups' needs, most of the sub-projects were expanded under IMPACT beyond their initial scope to include other services. For example, most BCI sub-projects evolved into prevention-to-care sub-projects by 2005.

Safe Cities: As more information on the prevalence of HIV/AIDS among FSWs and IDUs in Kathmandu became available, IMPACT added Safe Cities as an implementing strategy in 2003 in Kathmandu, Lalitpur and Bhaktapur districts in the capital. During IMPACT, FHI added Safe Cities sub-projects to provide VCT and care services in Kathmandu valley and also in Pokhara. The range of prevention-to-care services was expanded during IMPACT and by the end of IMPACT in 2007 FHI had supported a total of 27 subprojects with 16 different organizations to provide BCI, STI, VCT and care services.

Safe Migration: In 2002, FHI launched its Safe Migration Initiative in two districts of Nepal through one sub-project that involved four organizations (three indigenous NGOs managed and supported by an umbrella INGO). Services were primarily BCI for prevention. In 2003, FHI revised its strategy to focus on migration to Mumbai, India from Nepal and Nepali male migrants living and working there. Safe Migration then developed new sub-projects in Farwestern Nepal in five districts with high migration to Mumbai: Accham, Banke, Bardiya, Kailali and Kanchanpur districts. FHI also worked in India in Thane and Gore Gaun areas of Mumbai where many Nepali migrant men live. Under the new Safe Migration strategy, FHI supported three IAs to implement six sub-projects that provided BCI, STI, VCT and care.

During IMPACT, mass media communications, and research and surveillance were two other main groups of sub-projects cross-cutting and integrated into Safe Highways, Safe Cities and Safe Migration Strategies. Four mass media campaigns were developed in collaboration with NCASC and beneficiaries groups, such as PLHA. These campaigns employed various communication channels to relay HIV/AIDS related messages and reach out to millions of Nepali audience members in the country and across the border in India. Similarly, FHI worked with several research agencies to conduct quantitative and qualitative HIV/AIDS related research that included various BSS/IBBS, size estimation studies, ethnographic studies and other assessments helped to better understand how the HIV/AIDS epidemic affects those most-at-risk for HIV and to modify HIV/AIDS programming accordingly.

ATTACHMENTS

Attachment A: National Technical and Training Resources Developed with IMPACT Support and/or Technical Assistance

SN	National Technical and Training Resources
1	National VCT Counseling Training (2002)
2	Standard Operating Procedures for Implementation of Antiretroviral Treatment (Adults and Children) (2003)
3	Protocol for Antiretroviral Therapy at Sukraraj Tropical and Infectious Disease Hospital (2004)
4	Assessment and Recommendations for National Rollout Plan: HIV/AIDS Treatment, Care, and Support in Nepal, October 2004–September 2005 (2004)
5	Competency-based Curriculum for VCT Counselors (2004)
6	Course Reader for Participants of Competency-based VCT Training Program for VCT Counselors (2005)
7	National Training Manual on STI Management (2005)
8	Clinical Management of HIV/AIDS: Facilitator Manual (2005)
9	Clinical Management of HIV/AIDS: Participant Manual (2005)
10	Training in Core Skills on Community and Home-based Care of Adults and Children with HIV and AIDS in Nepal: Trainer's Manual (2005)
11	Community and Home-based Care Handbook for Participants (2005) National Guidelines for Voluntary HIV/AIDS Counseling and Testing (2003);
12	National Guidelines on Antiretroviral Therapy (2004);
13	National STI Case Management Guidelines (Revised in 2004);
14	National Guidelines for Prevention of Mother-to-Child Transmission of HIV in Nepal (2005);
15	National BCC Strategy (2006).

Attachment B: List of FHI/Nepal Publications under IMPACT

#	List of FHI/Nepal Publications under IMPACT
Brochures	
1	FHI Corporate Brochure
2	Information on STI
3	Information on Syphilis
4	Facts on OIs
5	Antiretroviral Treatment
6	ART Treatment: Managing Side Effects
Care and Support Series (Books and their accompanying brochures)	
7	Care Series Booklet 1: What should I do if I think I have HIV?
8	Brochure: Do you know about HIV?
9	Brochure: Do you know the difference between HIV and AIDS?
10	Care series booklet 2: How to remain happy and peaceful while having HIV
11	Brochure: How to reduce stigma and discrimination
12	Brochure: How to remain healthy after getting HIV
13	Brochure: How to remain peace and healthy after getting HIV
14	Care series Booklet 3: How to make your body healthy after getting HIV
15	Brochure: General information about OI
16	Brochure: General information on treatment of OIs
17	Brochure: General information on skin problems
18	Care series Booklet 4: How to remain physically healthy after developing AIDS
19	Brochure: How to remain physically healthy after HIV infection?
20	Brochure: What to do to remain happy and at peace after developing AIDS?
21	Brochure: What to plan for future after developing AIDS?
22	Care series Booklet 5: How to keep your body healthy when you have AIDS
24	Brochure: General information about OIs during AIDS
25	Brochure: How to provide care and treatment to AIDS patient
Photo Novella	
26	*Bihani ko Agaman* Vol. 1
27	*Bihani ko Agaman* Vol. 2
28	*Bihani ko Agaman* Vol. 3
Flex Posters	
29	ABC
30	Be Faithful
31	How to remain peace and healthy after getting HIV?
Folder	
32	Family Health International Folder (version 1)
33	Family Health International Folder (version 2)
FHI Decade Productions	
34	FHI Responds: Expanding Prevention, Care and Mitigation Progress During a Decade of Work in Nepal

#	List of FHI/Nepal Publications under IMPACT
35	FHI Interventions: Initiating Best Practices, Providing Comprehensive Services and Monitoring Impact in Nepal
36	Working in Partnership Family Health International Implementing Agencies in Nepal Jan 1994–Dec 2004
37	The Road Ahead – Film
Facts Sheets on Research Findings	
38	Rapid Qualitative Study of Female Sex Workers in Pokhara: A Focused Ethnographic Study (Oct–Nov 2002**)**
39	Behavioral Surveillance Survey of Female Sex Workers Along the Western to Far-Western Sector of the Mahendra Highway (Sep–Oct 2002**)**
40	Injecting and Sexual Behavior of Injecting Drug Users in Jhapa – A Focused Ethnographic Study (Dec 02–Jan 03)
41	Injecting and Sexual Behavior of Injecting Drug Users in Biratnagar – A Focused Ethnographic Study (Jan–Feb 2003)
42	Injecting and Sexual Behavior of Injecting Drug Users in Dharan – A Focused Ethnographic Study (Dec 2002)
43	Behavioral and Sero Prevalence Survey Among Injecting Drug User in Eastern Nepal (April–May 2003)
44	Injecting and Sexual Behavior of Injecting Drug Users in Pokhara – A Focused Ethnographic Study (Aug–Nov 2003)
45	Behavioral and Sero Prevalence Survey Among Injecting Drug User in Pokhara (Feb–March 2003)
46	Integrated Bio-Behavioral Survey Among Truckers Along the *Terai* Highway Routes of Nepal (Aug–Nov 2003)
47	Integrated Bio-Behavioral Survey Among Female Sex Workers Along the *Terai* Highway Routes Covering 22 Districts of Nepal (Aug–Nov 2003**)**
48	Behavioral Surveillance Survey Among Client of Female Sex Workers in the Kathmandu Valley (March–April 2004)
49	Integrated Bio-Behavioral Survey Among Female Sex Workers in the Kathmandu Valley (March–April 2004)
50	Male Sexual Health Problems and Treatment Seeking Behaviors in Urban Areas of Nepal: A Rapid Appraisal (Oct–Dec 2003)
51	Focused Ethnographic Study of Risk Behavior and Condom Use Among Mobile and Static Female Sex Workers (Nov–Dec 2003)
52	Behavioral Surveillance Survey Among Clients of Female Sex Workers in the Pokhara Valley (May–June 2004)
53	Integrated Bio-Behavioral Survey Among Female Sex Workers in the Pokhara Valley (May–June 2004)
54	Integrated Bio-Behavioral Survey Among Men Who Have Sex with Men Population in Kathmandu valley (Sep–Nov 2004)
55	Integrated Bio-Behavioral Survey Among Male Injecting Drug Users in the Kathmandu Valley (April–May 2005)
56	Integrated Bio-Behavioral Survey Among Male Injecting Drug Users in Pokhara Valley (February–April 2005)

#	List of FHI/Nepal Publications under IMPACT
57	Integrated Bio-Behavioral Survey Among Male Injecting Drug Users in Eastern *Terai* (February–April 2005)
58	Integrated Bio-Behavioral Survey Among Male Injecting Drug Users in Western to Far Western *Terai* (February–April 2005)
Summary Reports on Research Finding	
59	Stigma and Discrimination in Nepal: Community and Attitudes and the Forms and Consequences for People Living with HIV/AIDS
60	Attitudes and Beliefs Towards People Living with HIV/AIDS—Nepal
61	Women and HIV/AIDS: Experience and Consequences of Stigma and Discrimination—Nepal
62	Injecting and Sexual Behavior of Injecting Drug Users in Jhapa
63	Injecting and Sexual Behavior of Injecting Drug Users in Biratnagar
64	Injecting and Sexual Behavior of Injecting Drug Users in Dharan
65	Behavioral and Sero Prevalence Survey Among Injecting Drug User in Eastern Nepal
66	Behavioral and Sero Prevalence Survey Among Injecting Drug Users in Pokhara Valley
67	IBBS Among Female Sex Workers and Truckers Along the *Terai* Highway Routes Covering 22 Districts of Nepal
68	Focused Ethnographic Study of Risk Behavior and Condom Use Among Mobile and Static Female Sex Workers
69	Male Sexual Health Problems and Treatment Seeking Behaviors in Urban Areas of Nepal: A Rapid Appraisal
70	Integrated Bio-Behavioral Survey Among Female Sex Workers in the Kathmandu Valley
71	Integrated Bio-Behavioral Survey Among Female Sex Workers in the Pokhara Valley
72	Behavioral Surveillance Survey Among Clients of Female Sex Workers in the Kathmandu Valley
73	Behavioral Surveillance Survey Among Clients of Female Sex Workers in the Pokhara Valley
74	National Estimation of Adult HIV Infections 2003
Technical Resources	
75	Essential Package of Care FHI- Supported Clinical Services-Operational Guidelines, Nov 2005
76	DIC Model Guidelines
77	Operational Definitions and Working Guidelines for Behavior Change Program
78	Terms Used in HIV/AIDS Prevention, Care and Support—Glossary
79	Strategic Design for Behavior Change Interventions in HIV/AIDS Prevention to Care
80	Strategy for Greater Involvement of People Living with HIV/AIDS (GIPA) and Vulnerable Groups At Risk of HIV
81	Nepal/India Safer Migration Initiative Reducing HIV Risk Among Nepali Migrants in Mumbai (January 2005)
82	Supervision and Monitoring Tool for STI Project (2004)
83	Monitoring and Evaluation Plan for Nepal Country Program (June 2004)
84	HIV/AIDS Care and Support Strategy, October 2003–September 2007 (2003)
85	Coverage Monitoring Plan (2005)
Manuals and Curriculua	
86	Community Assessment Manual for HIV/AIDS Program
87	PE Manual
88	Rapid HIV Testing Procedure Manual For FHI-Supported VCT Clinics
89	Stigma Reduction Toolkit
90	Community Assessment Manual

#	List of FHI/Nepal Publications under IMPACT
91	Training Course for VCT Site Managers
Job Aids	
92	PE Toolkit
93	*HIV/VCT Ma Prayog Garine Flipchart*
94	VCT Counseling Guide Book
Newsletters	
95	Vol. 1 January–March 2003
96	Vol. 2 April–June 2003
97	Vol. 3 July–Sep 2003
98	Vol. 4 Oct–Dec 2003
99	Vol. 5 Jan–March 2004
100	Vol. 6 April–June 2004
101	Vol. 7 July–Sep 2004
102	Vol. 8 Oct–Dec 2004
103	Vol. 9 Jan–March 2005
104	Vol. 10 April–June 2005
105	Vol. 10 April–June 2005
106	Vol. 12 July–Sep 2005
107	Vol. 13 Oct–Dec 2005
Review, Evaluation and Documentation (By FHI/Nepal and its IAs)	
108	Documentation Research for HIV/AIDS Behavioral Change Intervention Program in the Central and Easter *Terai*, Nepal (2004)
109	Cost Analysis of BCI Projects (2003)
110	STI Program Review (2003 and 2006)
111	Safe Cities Program Review (2003)
112	DBS Validation Study (NPHL 2006)
113	Audience Profile (2003)
114	CSM Review (2002)
115	HIV/AIDS Assessment in Kirtipur (Samjhauta 2005–2006)
116	Assessment of Safe Migration Radio Program (NIDS 2005)
117	Capacity Building Assessment of FHI IAs in Nepal (MSH 2004)
118	TB/HIV Collaborative Project Assessment and Design (2005)
119	Assessment of HIV/AIDS Risk Along Arniko-Banepa-Bardibas Highway (ADRA 2003)
120	Western Highway Community Assessment (SAVE 2002)
121	Safe Migration Community Assessment (CARE 2002)
122	Assessment of the VCT Services and Capacity in Kathmandu Valley, Pokhara and the Far West (August 2001)
123	Rapid Assessment of Four VCT Sites Within Three Districts of Nepal (2005)
124	Assessment of Nutrition Needs of PLHA (2006)
125	Evaluation Plan for the FHI-Supported Program of the Blue Diamond Society (2005)

Attachment C: List of Research and Assessment Reports produced during IMPACT

SN	Title of Research Studies and Assessment
BSS - TOTAL 5	
1	Behavioral Surveillance Survey in the Highway Route of Nepal: Round 3 2001
2	Behavioral Surveillance Survey in the Highway Route of Nepal: Round 4 2002
3	Behavioral Surveillance Survey of Female Sex Workers and Clients in Kathmandu Valley: Round 1 2003
4	Behavioral Surveillance Survey in Western to Far-Western Sector of Mahendra Highway 2003
5	Behavioral Surveillance Survey on the Highway Routes of Nepal: Round 5 2003
IBBS/Sero - TOTAL 22	
1	Kathmandu FSW Sero Prevalence Study 2000
2	STD and HIV Prevalence Survey Among Female Sex Workers and Truckers on Highway Routes in the *Terai*, Nepal 2000
3	Kathmandu FSW Sero Prevalence Study 2001
4	STD Prevalence Study Among Women in Migrant Communities of Kailali District, Nepal 2001
5	HIV/STD Prevalence and Risk Factors Among Migrant and Non-Migrant Males of Kailali District in Far-Western Nepal, Volume I (2002)
6	HIV/STD Prevalence and Risk Factors Among Migrant and Non-Migrant Males of Achham District in Far-Western Nepal, Volume I (2002)
7	HIV/STD Prevalence and Risk Factors Among Migrant and Non-Migrant Males of Achham and Kailali Districts in Far-Western Nepal, Volume I (2002)
8	Behavioral and Sero Prevalence Survey Among IDUs in Kathmandu 2002
9	Behavioral and Sero Prevalence Survey Among IDUs in Pokhara Valley 2003
10	Behavioral and Sero Prevalence Survey Among IDUs in Eastern Nepal 2003
11	Integrated Bio-behavioral Survey (IBBS) among Female Sex Workers and Behavioral Surveillance Survey (BSS) Among Clients in Pokhara Valley—2004
12	Integrated Bio-behavioral Survey (IBBS) among Female Sex Workers and Behavioral Surveillance Survey (BSS) Among Clients in Kathmandu Valley—2004
13	STI/HIV Prevalence and Risk Behavioral Study Among Female Sex Workers and Truckers Along the *Terai* Highway Routes Covering 22 Districts of Nepal 2004
14	Integrated Bio-behavioral Survey (IBBS) Among Injecting Drug Users in Kathmandu Valley–2005
15	Integrated Bio-behavioral Survey (IBBS) Among Injecting Drug Users in Pokhara Valley–2005
16	Integrated Bio-behavioral Survey (IBBS) Among Injecting Drug Users in Eastern *Terai*–2005
17	Integrated Bio-behavioral Survey (IBBS) Among Injecting Drug Users in Western *Terai*–2005
18	Integrated Bio-behavioral Survey (IBBS) Among Men Having Sex With Men (MSM) in Kathmandu Valley–2004
19	Integrated Bio-behavioral Survey (IBBS) Among Female Sex Workers and Behavioral Surveillance Survey (BSS) Among Clients in Pokhara Valley–2006
20	Integrated Bio-behavioral Survey (IBBS) among Female Sex Workers and Behavioral Surveillance Survey (BSS) Among Clients in Kathmandu Valley–2006
21	Integrated Bio-behavioral Survey (IBBS) among Female Sex Workers and Behavioral Surveillance Survey (BSS) Among Clients in 22 *Terai* highway districts of Nepal–2006
22	Integrated Bio-behavioral Survey (IBBS) Among Migrants in Western Districts of Nepal–2006

SN	Title of Research Studies and Assessment
Ethnography/Qualitative - TOTAL 15	
1	Health Care Seeking Behavior of Street Based Sex Workers in Kathmandu: A Rapid Ethnographic Study 2001
2	A Situation Assessment of Sex Workers in Kathmandu Valley 2002
3	A Situation Assessment of Injecting Drug Users in Kathmandu Valley 2003
4	Rapid Qualitative Study of Female Sex Workers in Pokhara: A Focused Ethnographic Study 2003
5	Injecting and Sexual Behaviors of Male Injecting Drug Users in Kathmandu Valley 2003
6	Injecting and Sexual Behaviors of Female Injecting Drug Users in Kathmandu Valley: Materials from Qualitative Interviews 2003
7	Injecting and Sexual behaviors of Injecting Drug Users in Biratnagar, Nepal 2004
8	Injecting and Sexual Behaviors of Injecting Drug Users in Dharan, Nepal 2004
9	Injecting and Sexual Behaviors of Injecting Drug Users in Pokhara, Nepal
10	Injecting and Sexual Behaviors of Injecting Drug Users in Jhapa District, Nepal
11	Focused Ethnographic Study of Risk Behavior and Condom Use Among Mobile and Static Female Sex Workers in Eastern *Terai*
12	Attitudes and Beliefs Towards People Living with HIV/AIDS in Nepal
13	Women and HIV/AIDS: Experiences and Consequences of Stigma and Discrimination in Nepal
14	Stigma and Discrimination in Nepal: Community Attitudes and the Forms and Consequences for People Living with HIV/ AIDS
15	Male Sexual Health Problems and Treatment-Seeking in Urban Areas of Nepal
Estimation - TOTAL 6	
1	Estimations of Sex Workers and Potential Client Sub-Population in Select Major Towns in *Terai* and Along the East-West Highway Districts: A Rapid Assessment and Update 2004
	National Estimates of Adult HIV Infections Nepal 2003
2	National Estimates of Adult HIV Infections Nepal 2005–An Update
3	Social Mapping and Size Estimation of Men Having Sex With Men (MSM) in Kathmandu, Nepal 2005
4	Estimations of Injecting drug users in Select Major Towns in *Terai* and Along the East-West Highway Districts: A Rapid Assessment and Update 2005
5	Estimations of Female Sex Workers in Kathmandu, Pokhara and Select Major Towns in *Terai* and Along the East-West Highway Districts: A Rapid Assessment and Update 2006
Evaluation/ Assessment - TOTAL 4	
1	Assessment of HIV/AIDS and STI Risk Along Nepal's Highways
2	BDS Program Evaluation
3	Safe Highway Evaluation
4	Assessment of Safe Migration Radio Program in Far West, 2005

Attachment D: Mass Media Campaign Details

SN	Media Campaign	Year	Target Group	Objective	Partners	Media Used	Reach
1	Second-Generation *Jhilkey Dai* Multimedia Campaign	2000–2002	Truckers, General audience	Raise awareness among the general population regarding HIV/AIDS Promote condoms for sexual and reproductive health	NCASC Thompson Nepal	Radio spots TV spots Billboards Merchandising materials with campaign logo	• 13 million radio listeners • 5.8 million TV viewers
2	*Lets Talk About AIDS Today* Multimedia Communi-cation Campaign (featuring nine celebrities, athletes, personalities, and PLHA)	2002	General audience, Youth, Policy makers	Encourage Nepali youth to protect themselves from HIV Generate political support among policymakers	NCASC Thompson Nepal	Billboards Posters Radio spots Television spot Print media	In first 3 months: • More than 3 million through TV • 2.5 million through print • 3 million through radio
3	*Desh Paradesh* Radio Program	2005–2006	Nepali Migrants and their families in Mumbai, India, and Farwest Nepal	Reduce the incidence of HIV transmission among Nepali migrants and their sexual partners by lowering their vulnerability to HIV transmission	In Nepal: Equal Access Communica-tion Corner Local partners In India: FHI/India Tata Institute for Social Sciences NGO partners	26-episode radio program broadcast on satellite, national and regional broadcasts, and local FM stations in Farwestern Nepal Listeners Groups in Mumbai and Farwestern Nepal	Study not conducted
4	Stigma-Reduction Campaign	2005–2006	General audience	Reduce HIV/AIDS-related stigma and discrimination in health care settings, families, and community	NAP+N Thompson Nepal	*Ek Aapas ka Kura* Radio Program on national radio and FM stations nationwide	Study not conducted

Attachment E: Implementing Agency Matrix

SN	Name	Organizational Type	Geographic Location	Target Population	Project Title	Intervention	Life-of-Project Budget (US$)	Project Dates
1	Adventist Development and Relief Agency (ADRA)	Multi-lateral Agency	Central	FSWs, Clients of FSWs	Assessment of HIV/AIDS Risk Along Arniko-Banepa-Bardibas Highway	Research	11,213	1/10/03–7/9/03
2	Association of Medical Doctors of Asia/ Nepal (AMDA)	NGO	Eastern	FSWs, Rickshapuller, Truck drivers	Safe Highway Prevention to Care in 5 Eastern Districts	BCI	304,695	1/1/04–9/30/05
3	AMDA	NGO	Eastern	FSWs, Rickshapuller, Truck drivers	Prevention to Care in 5 Eastern Districts	BCI	164,956	10/1/05–6/30/06
4	AMDA	NGO	Eastern	FSWs, Rickshapuller, Truck drivers	BCI 5 Eastern Districts	BCI	349,283	10/1/01–12/1/05
5	AMDA	NGO	Eastern, Central, Western	FSWs and their clients PLHA, MSM, Internal Migrants, Truck drivers, Rickshapuller	STI Service Delivery in 16 Districts along the Highway	STI	247,306	9/1/01–6/30/03
6	AMDA	NGO	Central	FSWs and their clients PLHA, MSM, Internal Migrants, Truck drivers, Rickshapuller	STI Service Delivery in 10 *Terai* Districts	STI, VCT, C&S	129,241	10/1/05–6/30/06
7	AMDA	NGO	Eastern, Central, Western	FSWs and their clients PLHA, MSM, Internal Migrants, Truck drivers, Rickshapuller	STI Service Delivery in 16 *Terai* Districts	STI, VCT	478,688	7/1/03–9/30/05
8	Blue Diamond Society (BDS)	NGO	Central (Kathmandu)	MSM, MSWs	BCI for MSM/MSWs	BCI	49,205	8/16/02–8/15/03
9	BDS	NGO	Central (Kathmandu)	MSM, MSWs	BCI for MSM	BCI	115,508	2/1/04–5/31/06

SN	Name	Organizational Type	Geographic Location	Target Population	Project Title	Intervention	Life-of-Project Budget (US$)	Project Dates
10	Britain Nepal Medical Trust (BNMT)	NGO	Central	HMG/N staff	TB/HIV Collaborative Project Assessment/Design	Research	9,374	7/1/05–10/31/05
11	Community Action Centre (CAC)	NGO	Central	FSWs	BCI Program Among FSWs of Bhaktapur Municipality	BCI	59,254	3/1/04–6/9/05
12	CAC	NGO	Central	FSWs	BCI Program Among FSWs of Bhaktapur Municipality	BCI	38,399	1/1/03–11/20/03
13	CAC	NGO	Central	FSWs	Prevention to Care Support Among Sex Workers in Bhaktapur	BCI	27,575	9/1/05–6/30/06
14	CARE Nepal	INGO	Farwestern	Migrant males, Wives of Migrants males	HIV/AIDS/STI Prevention, Care and Support Program in Bajhang and Doti	BCI	229,893	2/7/02–2/29/04
15	Center for Research on Environment Health and Population Activities (CREHPA)	NGO	Nationwide	IDUs, FSWs, Clients of FSWs, STI Patients, MSM	Focused Ethnographic Studies on HIV/STI Prevention and Care-Seeking Behaviors	Research	110,309	2/25/03–2/29/04
16	CREHPA	NGO	Nationwide	IDUs, FSWs, Clients of FSWs, STI Patients, MSM	Size-Estimation Study	Research	71,789	5/7/04–2/28/06
17	Community Welfare Centre (CWC)	NGO	Central	Internal migrant laborers	BCI for Internal Migrants	BCI	44,226	3/1/04–3/31/05
18	Concept Designer Associates	Private Co.	Central	FSWs. Clients and target groups	Enhancing clinical and DIC setting	BCI	11,778	02/01/06–03/31/06
19	CWC	NGO	Central	Internal migrant laborers	HIV/AIDS/STIs Preventions Program	BCI	20,351	6/23/03–30/11/03
20	CWC	NGO	Central	Internal migrant laborers	BCI for Clients of Sex Workers in Kathmandu	BCI	83,229	4/1/05–3/30/06
21	Digital Broadcast Initiative, Equal Access Nepal (EA)	NGO	Nationwide	Nepali migrants and their families in Nepal and Mumbai, India, and potential migrants to Mumbai	Safe Migration Initiative Radio Program	BCI	86,362	10/1/05–5/31/06

SN	Name	Organizational Type	Geographic Location	Target Population	Project Title	Intervention	Life-of-Project Budget (US$)	Project Dates
22	EA	NGO	Nationwide	Nepali migrants and their families in Nepal and Mumbai, India, and potential migrants to Mumbai	Safe Migration Radio Program	BCI	64,783	9/1/04–5/31/05
23	Feminist *Dalit* Organization (FEDO)	NGO	Central, Western, Farwestern	*Dalit* women	HIV/AIDS Awareness Activities	BCI	29,102	10/16/05–6/30/06
24	General Welfare Pratisthan (GWP)	NGO	Central	FSWs, Clients of FSWs, PLHA	HIV/AIDS Program for FSWs in Kathmandu	BCI	47,353	3/15/03–11/30/03
25	GWP	NGO	Central	FSWs, Clients of FSWs, PLHA	BCI Program on STI/HIV/AIDS in Central Region	BCI	331,121	3/15/02–3/14/04
26	GWP	NGO	Central	FSWs, Clients of FSWs, PLHA	Prevention to Care Project in Nine Central Districts	BCI	255,764	3/15/04–9/15/05
27	GWP	NGO	Central	FSWs, Clients of FSWs, PLHA	BCI for Establishment-based Sex Workers in Kathmandu	BCI	76,015	3/1/04–8/31/05
28	GWP	NGO	Midwestern	General population	Capacity Building of NGOs/CBOs in Mid West	CB	19,995	8/1/05–4/30/06
29	GWP	NGO	Central	FSWs, Clients of FSWs, PLHA	Prevention to Care Project in 9 Central Districts	BCI	168,925	9/16/05–6/30/06
30	GWP	NGO	Central	FSWs, Clients of FSWs, PLHA	Prevention to Care Project Among FSWs in Kathmandu	BCI	21,460	10/1/05–6/30/06
31	Himalayan Social Welfare Organization (HSWO)	NGO	Central	Clients of FSWs	Client Focused BCI Program in Kathmandu	BCI	31,727	1/1/03–1/31/04
32	HSWO	NGO	Central	Clients of FSWs	Transport Workers in Kathmandu	BCI	53,534	2/1/04–9/30/05
33	International Centre for Diarrhea Disease Research, Bangladesh (ICDDR, B)	NGO	Nationwide	FSWs, MSM	Diagnostic Service to HIV/STI Surveillance Project	Research	26,286	7/1/03–11/30/03
34	ICDDR, B	NGO	Nationwide	FSWs, MSM	Diagnostic Service to HIV/STI Surveillance Project	Research	40,811	7/28/04–2/28/05

SN	Name	Organizational Type	Geographic Location	Target Population	Project Title	Intervention	Life-of-Project Budget (US$)	Project Dates
35	Institute of Community Health (ICH)	NGO	Midwestern	FSWs, Clients of FSWs	Safe Highway Initiative in Midwest (Dang, Banke, Bardiya)	VCT, BCI	49,730	6/1/05–5/31/06
36	International Nepal Fellowship (INF)	INGO	Western	FSWs and their clients, IDUs, Mobile people	VCT and Care and Support Services in Pokhara	VCT, C&S	50,955	7/1/03–3/31/05
37	INF	INGO	Western	FSWs and their clients, IDUs, Mobile people	VCT C&S Service In Pokhara	C&S	57,050	4/1/05–6/30/06
38	International AIDS Control and Prevention Research Center	NGO	Central	FSWs and their clients, IDUs, Mobile people	BCI Program for Transport Workers in Bhaktapur	BCI	19,112	1/27/02–8/31/03
39	Management Support Services (P) Ltd. (MASS)	Private Co.	Central	NCASC	Support to NCASC	CB	59,291	12/1/03–9/30/05
40	MASS	Private Co.	Central	PLHA	National PLWHA Network	CB	26,957	5/17/04–5/16/05
41	MASS	Private Co.	Central	PLHA through SPARSHA	Basic Care and Support Service to PLHA	CB	19,237	4/1/05–3/31/06
42	MASS	Private Co.	Central	PLHA	Care and Support Project in Chitwan	CB	12,243	10/1/05–6/30/06
43	MASS	Private Co.	Central	NCASC	Support to NCASC	CB	43,617	10/1/05–6/30/06
44	MASS	Private Co.	Central	PLHA through Makwanpur Mahila Samuha	Basic Care and Support Service to PLHA	CB	6,427	12/1/05–5/31/06
45	MASS	Private Co.	Nationwide	NPHL	Strengthening NPHL	CB	16,290	12/15/05–6/30/06
46	Management Sciences for Health (MSH)	INGO	Central	FHI IAs	Capacity Building Assessment of FHI IAs in Nepal	CB	14,166	11/05/03–4/30/04
47	MSH	INGO	Central	FHI IAs	Capacity Building Assessment of FHI IAs in Nepal	CB	6,345	1/15/03–8/14/03

SN	Name	Organizational Type	Geographic Location	Target Population	Project Title	Intervention	Life-of-Project Budget (US$)	Project Dates
48	National NGOs Network Group Against AIDS Nepal (NANGAN)	Network of NGOs	Nationwide	Member organizations working in the field of STI, HIV/AIDS	Strengthening NANGAN's Coordination Capacity	CB, Policy Support	18,755	2/1/05–1/31/06
49	National Association of PLWHA in Nepal (NAP+N)	Network of PLHA	Nationwide	PLHA	National PLHA Network	C&S, Capacity Building	48,764	8/1/05–6/30/06
50	Nava Kiran Plus (NKP)	NGO	Central (Kathmandu)	PLHA	Care and Support and Treatment Education for PLHA	C&S	3,025	9/15/05–12/31/05
51	Nepal Administrative Staff College	Government	Nationwide	IAs	Basic Facilitation Skills Training for Female OEs	CB	9,494	8/11/02–9/30/02
52	New ERA Ltd.	Research	Nationwide	FSWs, Clients of FSWs, IDUs	HIV/STI and Behavioral Surveys in selected sites	Research	337,525	9/1/01–2/29/04
53	New ERA Ltd.	Research	Nationwide	FSWs, Clients of FSWs, IDUs	Clinical and BSS Sero Among FSWs and IDUs	Research	466,697	1/1/04–5/31/06
54	Nepal Fertility Care Center (NFCC)	NGO	Central	FSWs and their clients, MSWs/MSM	STI Service Delivery	STI	227,412	1/15/03–5/14/04
55	NFCC	NGO	Central	FSWs, MSWs/MSM, Clients of FSWs	STI Prevention & Service Delivery in Kathmandu	STI	127,189	2/1/05–6/30/06
56	Naulo Ghumti	NGO	Western	IDUs, FSWs	HIV Prevention & Demand Creation for VCT in Pokhara	VCT, C&S	58,892	9/16/03–8/31/05
57	Naulo Ghumti	NGO	Western	IDUs, FSWs	VCT Care and Support Service in Pokhara	VCT, C&S	39,381	9/1/05–6/30/06
58	National Health Foundation (NHF)	NGO	Farwestern	Migrants, potential migrants and their wives	Radio Listeners Program for Migration in Far West	BCI	27,454	4/1/05–5/31/06
59	National Institute of Development Studies (NIDS)	NGO	Farwestern	Migrants	Assessment of Safe Migration Radio Program	Research	6,643	7/1/05–9/30/05
60	National Reference Laboratory	Private Co.	Central	FSWs	IBBS among FSWs along 22 *Terai* Highway districts	Research	49,163	03/01/06–06/30/06
61	Nepal Medical Association (NMA)	Private Co.	Central	Health Care Provider	Reduce HIV stigma in Health Care Settings	C&S	26,707	02/01/06–06/30/06

SN	Name	Organizational Type	Geographic Location	Target Population	Project Title	Intervention	Life-of-Project Budget (US$)	Project Dates
62	Nepal Red Cross Society(NRCS), Kailali Chapter	NGO	Farwestern	FSWs and their clients, MSM, migrants and transport workers, other high risk women	Safe Highway Initiative in Far West	BCI	49,878	7/1/05–6/30/06
63	Nepal Red Cross Society (NRCS), Kaski Chapter	NGO	Western	FSWs and their clients, MSM, migrants and transport workers, other high risk women	Safe Highway Initiative in Western Region	BCI	49,914	7/15/205–6/15/06
64	Nepal STD and AIDS Research Center (N'SARC)	NGO	Western	FSWs and their clients, MSM, migrants and transport workers, other high risk women	STI & VCT Services in Western Districts	STI, VCT	96,408	5/2/04–7/31/05
65	N'SARC	NGO	Western	FSWs and their clients, MSM, migrants and transport workers, other high risk women	Prevention to Care Service in Western Districts	STI, VCT, C&S	90,063	8/1/05–6/30/06
66	Oxygen and Research Development Forum (ORDF)	NGO	Central	PLHA, General public	VCT C&S Material Development Project	C&S	75,653	6/16/04–10/31/05
67	Recovering Nepal	Network of Ex-IDUs	Central	Network of IDUs	Reduce Risk Behaviors of IDUs in Kathmandu	BCI	19,340	11/1/05–4/30/06
68	STD/AIDS Counseling and Training Service (SACTS)	NGO	Western	FSWs, Clients of FSWs	HIV/AIDS Western Highway Project	Research	40,029	10/16/03–4/15/05
69	SACTS	NGO	Western	FSWs, Clients of FSWs	VCT Service to FSWs and Clients in Kathmandu	VCT, STI, C&S	50,760	4/16/05–4/15/06
70	Samjhauta Nepal	NGO	Central		HIV/AIDS Assessment in Kirtipur	Research	10,548	12/15/05–5/30/06

SN	Name	Organizational Type	Geographic Location	Target Population	Project Title	Intervention	Life-of-Project Budget (US$)	Project Dates
71	Save the Children US	INGO	Midwestern, Farwestern	NGO staff	HIV/AIDS Highway Initiative in Mid/Farwest	BCI	335,414	2/1/02–1/31/03
72	Save the Children US	INGO	Western	NGO staff	HIV/AIDS Western Highway Project	BCI	697,818	6/1/03–5/31/05
73	Save the Children US	INGO	Farwestern	NGO staff	Safe Migration initiative in Farwest	BCI	35,011	1/3/05–8/31/05
74	Save the Children US	INGO	Farwestern	NGO staff	Safe Migration Initiative in Farwest	BCI, STI, VCT, C&S	244,992	9/1/05–6/30/06
75	Siddhartha Club	NGO	Western	Young people, General public	STI Service Delivery in Pokhara	STI	24,030	7/1/05–5/31/06
76	Social Marketing and Distribution (P) Ltd. (SMD)	Private Co.	Nationwide	FSWs, Clients of FSWs, MSM, IDUs	Targeted Community Based CSM Activities	CSM	186,254	7/1/02–12/31/02
77	Sneha Samaj	PLHA Group	Central	PLHA	Care &Support for Women PLHA in Kathmandu	C&S	10,067	9/1/05–6/30/06
78	Sahara Paramarsha Kendra (SPK)	NGO	Eastern, Central, Western	Counselors from other IMPACT IAs, INGOs HIV/AIDS related NGOs, and government	VCT Training Program	VCT	42,835	11/15/04–5/31/05
79	SPK	NGO	Eastern, Central, Western	Counselors from other IMPACT IAs, INGOs HIV/AIDS related NGOs, and government	VCT Training Program	C&S	42,609	6/8/05–5/7/06
80	Thompson Nepal (P) Ltd.	Ad Agency	Nationwide	High risk groups, General public	Highway Communication Campaign	BCI	16,887	1/21/01–12/3/03
81	Thompson Nepal (P) Ltd.	Ad Agency	Nationwide	High risk groups, General public	Second Generation HIV/AIDS Prevention and Control Media Communication Marketing Campaign	BCI	544,365	7/1/01–12/31/02
82	Thompson Nepal (P) Ltd.	Ad Agency	Nationwide	High risk groups, General public, Health care providers	Multi Media Campaign	BCI	105,665	11/15/04–06/14/06

SN	Name	Organizational Type	Geographic Location	Target Population	Project Title	Intervention	Life-of-Project Budget (US$)	Project Dates
83	Trinetra Community Development Foundation	NGO	Western	FSWs, Clients of FSWs	STD/HIV/AIDS Awareness Project	BCI	157,229	10/1/2001–1/31/04
84	Trinetra Community Development Foundation	NGO	Western	FSWs, Clients of FSWs	BCI in Nawalparasi	BCI	153,838	2/1/04–4/30/06
85	United Mission to Nepal (UMN)	INGO	Central	Counselors	Counseling Training and Material Development	VCT	8,085	11/1/01–5/31/02
86	Voluntary Services Overseas Nepal (VSO)	INGO	Eastern, Central	IA Capacity Building	Capacity Building for People Living with HIV/AIDS	CB	97,942	11/1/04–6/30/06
87	Women Acting Together for Change (WATCH)	NGO	Central (Kathmandu)	FSWs, Clients of FSWs	Sex Workers Project in Kathmandu	BCI	60,212	2/1/04–7/31/05
88	WATCH	NGO	Central	FSWs, Clients of FSWs	HIV Prevention to Care and Support Among Street Based FSWs in Kathmandu	BCI	23,553	10/1/05–6/30/06
89	WATCH	NGO	Central	FSWs, Clients of FSWs	BCI Kathmandu District	BCI	40,541	1/1/03–1/31/04
90	WATCH	NGO	Western	FSWs, Clients of FSWs	BCI Rupandehi District	BCI	131,579	10/1/01–12/31/03
91	WATCH	NGO	Western	FSWs, Clients of FSWs	BCI in Rupandehi District	BCI	137,729	2/1/04–11/30/05
92	WATCH	NGO	Western	FSWs, Clients of FSWs	Comprehensive HIV/AIDS Program in Rupandehi and Kapilvastu	BCI, STI, VCT, C&S	71,445	12/1/05–5/31/06
93	Youth Vision	NGO	Central	IDUs, Clients of FSWs, FSWs	VCT To IDUs in Kathmandu	VCT	41,572	9/16/03–3/15/05
94	Youth Vision	NGO	Central	IDUs, Clients of FSWs	VCT, Care and Treatment Services	VCT, C&S	49,755	3/16/05–5/31/06
95	Youth Power Nepal	NGO		Sports personnel	HIV AIDS awareness for sports personnel	BCI	8,242	11/25/05–4/30/06
96	HSWO	NGO	Central	Clients of FSWs	Short-term HIV/AIDS Outreach Program	BCI	4,674	12/1/01–5/31/02
97	BDS	NGO	Central	MSM/MSWs	Outreach program for MSM/MSWs	BCI	4,785	4/1/02–7/31/02
98	SACTS	NGO	Central	FSWs, IDUs	Provide STI services and	BCI	4,745	4/1/02–

SN	Name	Organizational Type	Geographic Location	Target Population	Project Title	Intervention	Life-of-Project Budget (US$)	Project Dates
					counseling to high risk groups (FSWs and IDUs)			9/15/02
99	Student Awareness Forum (BIJAM)	NGO	Central (Birgunj)	IDUs	VCT and Home Based Care and Support for IDUs in Birgunj	VCT, C&S	15,272	03/01/06–06/30/06
100	UMN (TB Net)	INGO	Central	Conference	Support to speakers/sessions of tb.net 2002	CB	2,357	2/2002
101	Kirat Yakthung Chumlung - Punarjiwan Kendra	NGO	Eastern	General Public, PLHA, IDUs	Reduction of HIV-related Stigma and Discrimination	C&S	4,148	3/15/05–11/15/05
102	Friends of Hope	PLHA Support Group	Western	General Public, PLHA	Reduction of HIV-related Stigma and Discrimination	C&S	4,148	3/15/05–3/14/06
103	Anugraha Kalyan Samaj	FBO	Eastern	General Public	HIV/AIDS awareness through Churches in Dharan	C&S	4,873	8/15/05–3/31/06
104	Godavari Alumni Association	Youth Organization	Central (Kathmandu)	General Public, Youth	Youth Oriented HIV Awareness Project	BCI	4,924	9/15/05–6/30/06

105	217300	Social Empowerment & Building Accessibility Centre-Nepal	NGO	Western	General Public	HIV/AIDS Awareness Activities	BCI	4,397	12/1/05–4/30/06
106	217300	Community Development Forum	NGO	Western	General Public	HIV/AIDS Awareness Activities	BCI	4,746	12/1/05–4/30/06
107	217300	Dibya Jyoti Association of Nepal	NGO	Farwestern	General Public	HIV/AIDS Awareness Activities	BCI	4,965	12/1/05–4/30/06
108	217300	Gramin Sudhar Manch	NGO	Farwestern	General Public	HIV/AIDS Awareness Activities	BCI	4,965	12/1/05–4/30/06
109	217300	Prerana	PLHA Group	Central	General Public, PLHA	Youth focused stigma reduction activities in Kathmandu Valley	C&S	4,910	1/15/05–9/15/05

Attachment F: List of Communication Materials/Manuals developed by IAs (By FCO#)

SN	FCO#	Partner Name	Description	Title
1	84037	Association of Medical Doctors of Asia (AMDA)	Calendar	Calendar 2062 Bikram Sambat (BS)
			Quarterly Newsletter	*Traimashik Koseli*
			Ludo Game Board	Message on STI prevention and treatment
			Manual	PE Mobilization Manual
2	84048	AMDA	Brochure	*Youn Rog Bhaneko Ke Ho Ra Kasari Sardachha*
			Brochure	*HIV/AIDS Bhanek KeHo*
			Brochure	*AMDA-Nepal Youn Rog Sewa Karykram*
3	84292	AMDA	Brochure	*HIV/AIDS Bhaneko KeHo*
			Brochure	*Youn Rog Bhaneko Ke Ho Ra Kasari Sardachha*
			Pamphlets	*AIDS Ko Sthiti Bare Charcha*
			Brochure	AMDA Project Brochure
			Calendar	Wall Calendar BS 2062
			Calendar	Coalition Against AIDS (2059 BS)
			Stickers	Information on AIDS
			Newsletter	*Traimashik Koseli* (Vol.1, 2, 3)
			Flip chart	Information on STI
			Souvenir	*Smarika* 2059
			Ludo Game Board	Message on STI prevention and treatment
4	84293	AMDA	Brochure	*HIV/AIDS Bhaneko KeHo*
			Brochure	*AMDA Nepal Youn Rog Sewa Karyakram Ek Parichaya*
			Brochure	*Youn Rog Bhaneko Ke Ho Ra Kasari Sardachha*
			Guidelines	AMDA STI Standard Operational Guidelines
5	217383	AMDA	Brochure	*Surakshit Youn Samparka Garne Banee Basaalaun*
6	217384	AMDA	Brochure	*Ke Tapailae Afnu Rakta Parichhen Garaunu Bhayo?*
			Brochure	*Rajmarg Swasthaya Clinic*
7	217300	Anugraha Kalyan Samaj	Brochure	Care and Support to PLHA
			Brochure	Stigma and Discrimination
			Brochure	HIV/AIDS
8	85817	Blue Diamond Society	Brochure	STI Treatment
			Brochure	HIV/AIDS
			Brochure	How to use condoms
			Brochure	Organization Brochure
9	85818	Community Action Centre	Souvenir Book	*Rodan*
10	217378	Community Welfare Centre (CWC)	Calendar	HIV/AIDS Calendar (2062 BS)
			Brochure	Organization DIC
11	84042	CWC	Calendar	Wall Calendar (2061 BS)

SN	FCO#	Partner Name	Description	Title
13	84621	CWC	Brochure	*HIV/AIDS Bare Sabaile Thaha Paunu Parne Kuraharu*
15	217300	Dibyajyoti	Brochure	*HIV Bare Jankari*
16	217375	Feminist Dalit Organization	Brochure	*HIV Roktham*
			Brochure	*Afu Lai HIV Sankraman Bhayema Ke Garne*
			Brochure	*Kina Mahila Haruma HIV Ko Jokhim Badi Chha*
17	217300	Godavari Alumni Association	Poster	Colors of Compassion
			Book Marks	Compassion is the only way out
			Calendar	HIVAIDS Awareness Planner 2006
18	84043	General Welfare Pratisthan (GWP)	Calendar	Wall Calendar with HIV prevention messages
19	84297	GWP	Calendar	Wall Calendar HIV prevention messages
20	85816	GWP	Calendar	Wall Calendar 2059 B.S
			Calendar	Wall Calendar 2060 B.S
			Newsletter	*Ek Aapas*
			Brochure	*Youn Rog Sambandi Mahata Purna Jankari*
			Flip Chart	Information on STI
			Comic Book	*Junge Hawaldar*
			Comic Book	*Aau Aaja Tanneri Sathi Haru sanga Khulera KuraGarau*
21	85822	GWP	Brochure	Information on HIV/AIDS
			Brochure	Information on STI
22	217385	GWP	Brochure	*HIV/AIDS Bare Hami Sabaile Janlai Parne Kuraharu*
23	84039	Himalayan Social Welfare Organization (HSWO)	Brochure	*HIV/AIDS Bare Sabaile Thaha Paunu Parne Kuraharu*
			Condom Pouch	Information on condom
			Pamphlets	Information on STI and condom wallet
			Referral	Referral slips for STI Treatment
			Sticker	Information on AIDS
			Calendar	Pocket Calendar- “I care do you”?
24	85819	HSWO	Brochure	*HIV/AIDS Bare Sabaile Thaha Paunu Parne Kuraharu*
			Brochure	Information on how to use condom
			Pouch	Condom Pouch
			Pamphlets	Information on STI Prevention and Treatment
			Sticker	Information on AIDS
			Calendar	Pocket calendar
25	217358	Institute of Community Health	Referral card	Referral card for STI Treatment
28	85829	International Nepal Fellowship (INF)	Brochure	Information on VCT services
			Flyer	*Paluwa* – Organizational Flyer
			Referral Card	Referral Card for VCT services

SN	FCO#	Partner Name	Description	Title
			Poster	Information on VCT for Female
			Poster	Information on VCT for Male
29	217360	INF	Brochure	Information on VCT services
			Flyer	*Paluwa* – Organizational flyer
			Referral Card	Referral Card for VCT services
30	85821	INFO	Brochure	*HIV/AIDS Sambandi Mahatho Purna Jankari*
31	84283	Naulo Ghumti	Brochure	Information on VCT
			Brochure	*Mero Jeevan Ko Sahi Nirnaya*
			Brochure	Organizational information on Friends of Hope
			Referral card	Referral card for VCT services
			Calendar	Pocket calendar
32	217374	Naulo Ghumti	Brochure(Reprint)	*Mero Jeevan Ko Sahi Nirnaya*
33	217352	National Association of NGOs Against AIDS in Nepal	Brochure	Organizational Brochure
			Newsletter	*NANGAN Sandesh*
34	217300	National Association of PLHA in Nepal	Brochure	Organization Brochure
			Newsletter	Positive Times (Vol I & II)
35	84287	Social Marketing Distribution	Brochure	Manual for Condom hawkers
			Poster	Types of Condoms
			Key rings	Message to encourage condom use for sexual health
			Calendar	Wall Calendar- types of condom
			Manual	Training manual and audiocassette • For condom retailers & hawkers • For CBOs/NGOs • For FSWs • For Clients
36	217353	Nepal Fertility Contraceptive Center	Brochure	Do you worry about your sexual health? Contact us for free STI treatment
			Referral Card	Referral Card for STI treatment
			Partner notification Card	Partner notification card for target groups
37	217363	Nepal Red Cross Society, Kailali	Referral Card	Referral card for STI Treatment
38	217369	Nepal STD and AIDS Research Center	Pamphlet	AIDS Awareness Campaign I
			Pamphlet	AIDS Awareness Campaign II
			Pamphlet	Who is at risk?
			Pamphlet	Are you HIV Positive?
			Pamphlet	Who is Safe?
39	85799	STD and AIDS Counseling and Treatment Services (SACTS)	Brochure	Information on VCT services
			Poster	Information on VCT
			Booklet	Information on AIDS
			Brochure	*Youn Rog Barey Samanya Jankari*
40	217362	SACTS	Brochure	VCT
41	85804	Save the Children/US	Poster	Message on Condom promotion

SN	FCO#	Partner Name	Description	Title
			Poster	Importance of completing STI treatment and partner treatment
			Sticker	STI and safe sex
42	85804	Save the Children/US (GWP)	Poster	HIV prevention
			Leaflet (Brochure)	HIV prevention
			Leaflet (Brochure)	STI treatment
			Booklet	STI and HIV
			Referral Card	Referral Card for STI treatment
43	85804	Save the Children/ US (ICH)	Calendar	Pocket calendar with HIV/AIDS/STI message
			Brochure	ICH Organization Brochure
			Prescription Card	STI prevention message
			Record Book	STD Case record Book
44	85804	Save the Children/ US (Manushi for Sustainable Development)	Leaflet	HIV/STI prevention
			Shoe Brush	HIV prevention
			Calendar	Pocket Calendar with HIV message
45	84622	Save the Children/ US	Brochure	HIV/AIDS prevention and transmission
			Brochure	STI treatment
			Poster	HIV/AIDS
			Poster	STI
			Shoe Brush	HIV prevention
46	84622	Save the Children/ US	Shoe brushes	HIV prevention
47	84031	Sahara Paramarsha Kendra (SPK)	Brochure	*Paribanthan Ko Suruwat Afai Bata Madata Hami Garchau*
			Curriculum (Draft)	Competency based VCT training program for VCT Counselors - Course Reader for Participants
			Manual (Draft)	Course reader for training of trainers (TOT) on VCT
			Manual (Draft)	Trainer's Manual - Refresher course for trained VCT Counselor
			Manual (Draft)	Training Manual on basic counseling skills
			Manual (Draft)	Course Reader for VCT Refresher Training
			Manual (Draft)	Basic Counseling Skills Training Course
			Manual (Draft)	Trainer's Manual on Training Delivery and Facilitation Skills
48	84288	Thompson Nepal (P) Ltd	Press TV spots	*Lets Talk About AIDS Today* Campaign
			Radio spots and jingles	*Lets Talk About AIDS Today* Campaign
			Reverse Tele Cinema	*Lets Talk About AIDS Today* Campaign
			Billboards	*Lets Talk About AIDS Today* Campaign
			Posters	*Lets Talk About AIDS Today* Campaign
49	84291	Trinetra	Brochure	*Youn Rog Ek Jankari (Reprint)*
			Brochure	*HIV/AIDS Ek Jankari (Reprint)*
			Calendar	Wall Calendar- *AIDS Biruddha Ko*

SN	FCO#	Partner Name	Description	Title
				Abhiyan Ma Sahabhagi Banau
			Calendar	Pocket Calendar- I Care Do You?
			Calendar	Table Calendar - 2059 BS
			Book Cover	Message on HIV/AIDS
			Manual	Condom Negotiation Skill Development for PC/FSW
			Manual	One-day Basic Training on HIV/AIDS
			Manual	Basic Orientation Training on STD/HIV/AIDS for Staff
			Manual	Basic Orientation Training on STD/HIV/AIDS for Teachers
			Manual	DIC Management Orientation Manual
			Map	Operational Social Map
50	84286	Trinetra	Brochure	*Youn Rog Ek Jankari (Reprint)*
			Calendar	Table Calendar 20061 BS
			Brochure	*HIV/AIDS Ek Jankari*
			Brochure	Program Brochure
			Calendar	Pocket Calendar–New Year Planner
			Calendar	Table Calendar 2062 BS
52	84038	Women Acting Together for Change (WATCH)	Poster	Beware of AIDS
			Poster	*STI Bare Jankari*
			Brochure	Let us learn about HIV/AIDS
			Brochure	General Information: STI
			Comic Book	*Mayako Chino*
			Comic Book	AIDS Illusion and reality
53	84294	WATCH	Leaflet	General Information: STI
			Poster	General Information: STI
			Brochure	Let us learn about HIV/AIDS
			Brochure	General information on STI
			Comic Book	*Mayako Chino*
			Comic Book	AIDS Illusion and reality
			Leaflet	General Information: STI
54	84032	WATCH	Brochure	Let us learn about HIV/AIDS
			Brochure	General Information: STI
			Brochure	WATCH Rupandehi Project Brochure
			Poster	Beware of AIDS
			Poster	General Information: STI
			Leaflet	STI
			Calendar	Pocket calendar 2061 BS
			Calendar	Wall calendar 2061 BS
			Calendar	Pocket calendar 2062 BS
			Calendar	Wall Calendar 2062 BS
			Souvenir	*Smarika (Baybahar Paribartan Ko Lagi Sanchar Karyakram)*
55	217388	WATCH	Brochure	Let us learn about HIV/AIDS
			Poster	Beware of AIDS

SN	FCO#	Partner Name	Description	Title
56	217389	WATCH	Brochure	*HIV/AIDS Bare Jankari*
			Brochure	Comprehensive Project on HIV/AIDS in Rupandehi and Kapilbastu
			Brochure	*HIV/AIDS Bare Jankari*
57	217393	Youth Vision	Flyer	Information on VCT services
			Referral card	Referral Card for VCT
			Poster	Information on VCT Services
			Brochure	*Jeevan Ko Sahi Nirnaya*
			Service Card	VCT Service
			Follow up card	VCT Follow-up Card
58	217393	Youth Power Nepal	Brochure	Sports and HIV/AIDS
59	217300	Prerana	Brochure	*Nepal Ma Yuva Barga Ra HIV/AIDS*