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**THE SECOND MEDIUM - TERM PLAN
FOR AIDS PREVENTION AND CONTROL
IN NEPAL**

1993-1997

Prepared by:

**HMG/Nepal
Ministry of Health**

NATIONAL AIDS PREVENTION AND CONTROL PROJECT

GLOSSARY OF ABBREVIATIONS

AIDS	-	Acquired Immune Deficiency Syndrome
BTS	-	Blood Transfusion Service
DHO	-	District Health Office
GPA	-	Global Programme on AIDS
HIV	-	Human Immunodeficiency Virus
HMG/N	-	His Majesty's Government of Nepal
IEC	-	Information, Education and Communication
IDU	-	Injecting Drug Users
MCH	-	Maternal and Child Health
MTP	-	Medium Term Plan
NACC	-	National AIDS Coordination Committee
NAPCP	-	National AIDS Prevention and Control Project
NGO	-	Non Governmental Organization
NPC	-	National Planning Commission
STD	-	Sexually Transmitted Disease
VDRL	-	Veneral Disease Research Laboratory, (a serological test for syphilis)
WHO	-	World Health Organization

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EXECUTIVE SUMMARY

AIDS is emerging as a major public health problem in Nepal and His Majesty's Government of Nepal (HMG/N) is extremely concerned about the various health, social and economic consequences of the expanding pandemic.

Anticipating the advent of this disease, the Government had the foresight to establish the National AIDS/STD Control Committee in 1986, although diagnosis of AIDS in Nepal was not made until 1988. The implementation of the First Medium-Term Plan, which began in 1990, led to major achievements in creating public awareness, establishment of efficient HIV sentinel surveillance, screening of up to 90% blood donations for transfusion and in promoting and supporting NGOs.

Current data however suggest that the HIV/AIDS may be spreading rapidly in Nepal. Although only 14 cases of AIDS have been reported as of 31 December, 1992. So far more than 5,000 persons are estimated to be infected with HIV by WHO/GPA. Without an effective AIDS programme, Nepal may have 100,000 HIV infected persons by the year 2000.

Such a scenario, therefore, has necessitated HMG/N to not only mount a multisectoral response but also expand the programme to district and village levels. These challenges have been accepted by the Government and are set forth in the Second Medium Term Plan for the prevention and control of AIDS, 1993-1997. The objectives of this plan are to prevent further transmission of HIV with priority being given to the prevention of heterosexual transmission, and to reduce the personal and socioeconomic impact of HIV/AIDS in Nepal.

The Plan has nine major sections. The first section summarizes the history of the AIDS problem, the status of Governmental response, and the present estimates and future projections of AIDS pandemic.

In the second section, major factors responsible for the HIV epidemic have been identified along with a brief statement on the potential impact of the epidemic on the socio-economic fabric of the country. It has been recognized that heterosexual transmission is the predominant mode of spread in Nepal, fuelled largely by the high prevalence of sexually transmitted diseases and the practice of pre- and extra-marital sexual activities.

Keeping in view the available epidemiological and behavioral data, an optimum combination of strategies and interventions has been developed and a number of specific planned targets and progress indicators have been identified as presented in the subsequent sections. The broad areas to be covered by each department within the Ministry of Health, the various ministries other than Health

and the NGOs have been identified. Each Ministry has developed a workplan for the year 1993-94 listing the activities to be performed and budget amounts required. The National Planning Commission (NPC) has made a commitment to support and mobilize resources for the AIDS control programmes initiated by the various ministries.

In June, 1992, an upgraded National AIDS Coordination Committee has been formed to ensure smooth implementation of the planned activities. This Committee is chaired by the Minister of Health and secretaries of various ministries as well as representatives of NGOs form the members. The committee together with the technical committee and other sub-committees will provide technical and policy support to the programme while the National AIDS Prevention and Control Project within the Ministry of Health will have operational responsibilities. Similar committees will be formed at regional and district levels with the emphasis on integration of AIDS prevention activities into existing primary health care at district, health post and village levels. The National Planning Commission will be responsible for assisting in the planning process and for resource mobilization. It is expected that with integration of activities within the responsibility of various ministries, resources for AIDS prevention will be set aside by the respective ministries, thereby ensuring sustainability of the programme.

The Plan also outlines specific quantifiable targets to measure programme success in the major areas of prevention, reduction of individual and social impact as well as programme management. The progress will be monitored within the framework of the existing mechanisms through six -monthly and annual reports. A programme review will be carried out after 2-3 years of implementation as well as at the end of five years.

A major part of the budget will be earmarked for prevention activities as well as for addressing care and support activities. Government contribution will be in the form of staff, infrastructure as well as support for programme activities within the various ministries. The workplans will be developed on an annual basis.

1. INTRODUCTION

1.1 Commitment of HMG/N in AIDS Prevention and Control Activities

HMG/N has already realized the threat and adverse effect caused by AIDS pandemic on the Nepalese population and thereby on the socio-economic development of the country as a whole. So, in response to this, His Majesty's Government of Nepal (HMG/N), in collaboration with WHO, established the National AIDS Prevention and Control Project (NAPCP) within the Ministry of Health and implemented a Short Term Plan in 1987/88 and the First Medium Term Plan (MTP) (1990 - 92) for the prevention and control of HIV/AIDS. Further, the Sexually Transmitted Diseases (STD) Control Committee established in 1986, functioned as the Technical Committee for the National AIDS Policy Committee. In order to provide institutional basis with consideration to multisectoral approach in the prevention and control activities, the National AIDS Policy Committee has been upgraded to National AIDS Coordination Committee (NACC) in June, 1992. This committee is chaired by the Health Minister and represented by Secretaries of different ministries as the members of the committee.

The commitment of HMG/N in the prevention and control of AIDS has also been well presented in the Eighth Five Year Plan (1992 - 1997) of the country. This plan stresses implementation of the STD/AIDS control programme with the objective to control the disbalance in socio-economic development of the country due to increasing incidence of HIV/AIDS. Though, the programme included in the plan is mainly related with health sector, the HMG/N has already realized the need of intersectoral approach to deal with this problem. That is why the Second Medium Term Plan (Second MTP 1993 - 1997) has been prepared to achieve the objective of controlling HIV/AIDS with participation of not only health but also non-health sector. The programmes, included in the Second MTP under sectoral ministries, aim at prevention and control of HIV/AIDS through different preventive measures, such as targetted interventions, care and rehabilitation, STD control, safe blood programme, counselling, training, sentinel surveillance and IEC activities to increase awareness and knowledge on the cause, modes of transmission and effect of HIV/AIDS to individual, family, community and the country at large.

Since resource gap is the major constraint to implement the Second MTP, the HMG/N aims to mobilize the resource need internally as well as externally. As an internal source, the physical facilities and regular staffs of the concerned ministries will be the part of HIV/AIDS Prevention Programme

on the basis of its need. The training programme of the different ministries will be made one of the component for the AIDS education programme and it will help in bringing success of the programme as well as cost effectiveness. Under the Information, Education and Communication (IEC) area, the HMG/N will adopt time priority and cost concession policy in the means of mass media e.g. radio, television and other media of communication. The resource plan of the Second MTP, however, indicates that only HMG/N's contribution does not meet the resource need. So it is hoped to be supported by the external fund.

1.2 Present Status of HIV/AIDS Prevention in Nepal

AIDS pandemic affects all nations and Nepal is no exception. The first AIDS case in the kingdom was reported in 1988. Since then cases have been reported in increasing numbers each year.

In 1986, HMG/N formed the AIDS/STD Control Committee to advise the Ministry of Health in matters related to the control of AIDS. The National AIDS Policy Committee was established in the following year and upgraded to the National AIDS Coordination Committee in June 1992. This Committee is now chaired by the Minister of Health with participation of secretaries from concerned ministries as members.

In 1987, a Short Term Plan was developed for the prevention and control of AIDS. The implementation of the First Medium Term Plan (1990-1992) began in 1990 with WHO support. The main activities in the plan included education, information and communication programme, strengthening of laboratory services, training of health care workers and HIV/AIDS surveillance.

As a result of this programme, more people now know how HIV/AIDS is spread, more than 90% of blood donations are now screened for HIV prior to transfusion; a sentinel surveillance has been established; and more and more Non Government Organizations (NGOs) are now getting involved in AIDS prevention activities. However, current data suggest that the rate of HIV among sex workers and STD patients is increasing, which is rather alarming.

1.3 Epidemiological Situation and Projections

As of 31 December 1992, 53 males and 47 females have been reported with HIV infection in the country. Total number of 14 AIDS cases have been diagnosed so far.

Sexual transmission is the main mode of contracting HIV among the reported cases; only 5 were injecting drug users and one contracted HIV infection through blood transfusion. There has

so far been no report of vertical transmission, though two housewives have been infected by their husbands.

Data from sentinel surveillance carried out every six months since November 1991 show that HIV infection in both sex workers and STD patients has been increasing alarmingly. The prevalence of HIV infection among these two groups in late 1992 were 1.3% and 0.79% respectively, compared to 0.18% and 0% a year ago. Based on these data, it is estimated that more than 5,000 persons are already infected with HIV in Nepal. The HIV prevalence is expected to further increase in the near future and about 100,000 persons are estimated to be infected by the year 2000. As a result, the numbers of AIDS cases and deaths are likely to increase considerably during the next five years and beyond.

The existing data from a study on sexual behaviour pattern in Nepal demonstrate that sexual promiscuity is not uncommon. Premarital sex has been reported by 23.2% males and 14.9% females, and extramarital sex in 20.5% males and 11.7% females. Besides, the age of first sex experience was found as early as 10 years for female and 13 years for male. A study on STDs prevalence in 1991 among rural population has shown high rates of all common infections: gonococcal urethritis in 43.5% males and 26.3% females and a VDRL positivity rate of 8.3%. The use of condoms is low and is limited to only married couples. Moreover, intravenous drug use is not uncommon, as nearly 25,000 injecting drug users are estimated in the country.

All these factors indicate that there is a tremendous potential for further rapid and explosive spread of HIV infection in Nepal, which will lead to major health, social and economic impact, unless action is taken and expanded now.

2. MAJOR DETERMINANTS AND IMPACTS OF HIV/AIDS

2.1 Major Determinants

2.1.1 Sexual Transmission

The most predominant mode of transmission of HIV in Nepal is heterosexual transmission amongst persons having sex with multiple partners. This condition is facilitated by the prevalence of traditional prostitution and labourer migration. Girl trafficking to neighbouring countries which is quite prevalent is also a factor in promoting HIV transmission in Nepal.

The following determinants have been found to play a major role in sexual transmission:

- Having multiple sexual partners
- Un-availability of condoms
- Low condom utilization
- Co-existing STDs

The level of AIDS education in the country is still very low and no evidence of behavioral change has been reported. The main priority in Second MTP will therefore be on the strategies to prevent heterosexual transmission through education and communication programme along with support services.

2.1.2 Transmission through blood

Since not all blood donations are being screened for HIV, there is a risk of HIV transmission through infected blood. Promotion of rational use of blood has been successful in reducing the number of blood transfusions. This will have to be continued to be stressed along with risk of transmission caused by unsafe medical invasive practices. The issue of injecting drug use and interventions related to this also need urgent attention in Second MTP.

2.1.3 Perinatal Transmission

Perinatal transmission is not yet a problem. However this could either occur among housewives of promiscuous men or female prostitutes, bar girls and Nepali women returning home after working in foreign brothels. The results of sentinel surveillance show that HIV prevalence among pregnant women is at present very low.

2.2 Major Impacts

With rapid increase in the number of HIV infected persons, it is expected that the number of patients with AIDS will rise sharply during the 1990s. The majority of AIDS cases and deaths will occur among young adults. The AIDS pandemic in Nepal is, therefore, likely to result in overstretching of the already fragile health infrastructures, economic burden on the families due to loss of income and the need for care of sick family members, change in migration pattern especially migration away from highly affected areas and psychological burdens to families as well as to the community and society as a whole.

In view of such a scenario, the major challenge is to mount an appropriate response and accelerate AIDS prevention activities. The enormous task can only be accomplished through a multisectoral response enhanced by high political will at all levels. The AIDS control programme so far has been restricted to activities carried out only by the Ministry of Health. Other ministries have not been involved nor has the programme expanded to the district level and beyond. There is an urgent need to mobilize all available human and material resources to deal with the impending medical, social and economic impacts of the AIDS pandemic. The Second Medium-Term Plan, described here briefly, will include multisectoral approach and priority strategies/ interventions based on the experience gained during three years of the first MTP implementation.

3. SELECTED STRATEGIES AND INTERVENTIONS

3.1 Combination of strategies and interventions for preventing HIV transmission

3.1.1 Prevention of sexual transmission

A. Promotion of safer sexual behaviour:

i. Information, education and communication:

AIDS education and communication programme will address both the general population as well as groups at high risk for HIV infection. In the former, awareness will be created including information regarding mode of spread and how people can protect themselves. This will be done through mass media such as radio, television and newspapers. In the rural areas, traditional methods of communication will be used.

The AIDS education programme will be particularly targetted to groups engaged in high-risk behaviour such as commercial sex workers and their clients, injecting drug users, migrating workers and the youths between the ages of 15 and 25 years etc. Person-to-person communication and peer education will be promoted to bring about behaviour change.

AIDS education will also be integrated in the secondary school curriculum including colleges and universities.

NGOs and social workers will be motivated and promoted to have a key role in providing education and informations to risk behaviour groups.

ii. Condom promotion and distribution:

Aggressive condom promotion and distribution is to be initiated through increasing outlets up to the community level, strengthening procurement and logistics mechanisms, ensuring quality assurance and use of social marketing approaches.

B. Provision of diagnosis and early treatment of STDs:

Strengthening of services for the diagnosis and treatment of STDs in the country will be envisaged through expansion of facilities to peripheral areas, development of simple STD treatment guidelines, training of health workers, and ensuring adequate supply of drugs. STD

counselling and partner notification guidelines will also be developed.

3.1.2 Prevention of HIV transmission through blood

A. Safe blood programme:

Prevention of HIV transmission through blood will emphasize on the rational use of blood, recruitment of regular, voluntary donors on non-remunerative basis and training of health workers, as well as regular monitoring to ensure recruitment of donors only from low risk groups.

All blood donations will be screened for HIV prior to transfusion.

B. Reduction of HIV transmission among IDUs:

Educational programmes will be developed for injecting drug users emphasizing reduction in the use of drugs and avoiding injecting, and if that is not possible, to avoid sharing of injecting equipments and to clean the equipments after use. NGOs will be supported to offer treatment service for IDUs.

C. Practice of Universal Precautions:

Universal precautions will be promoted among all health personnel. Guidelines, training and necessary supplies will be provided. Promotion of sterile conditions for invasive, skin piercing and surgical procedures will be restressed.

3.1.3 Prevention of perinatal transmission

This issue will be addressed through education, counselling, voluntary confidential testing, and the facility for voluntary termination of pregnancy for HIV-infected women. Monitoring of HIV infection amongst antenatal clinic attendants will be considered, based on high HIV prevalence among other groups such as STD patients.

3.2 Combination of strategies and interventions to reduce impact on individuals and families

This will include:

- Provision of care to HIV-infected persons including community/home based care and rehabilitation.

- Promotion and access to counselling services for people with HIV/AIDS and their families.
- Training of health care workers in counselling and management of AIDS-related illnesses and provision of drugs.
- Leadership training programme for HIV-infected person to take active part in advocacy.
- Promotion of, and adherence to, non-discriminatory attitude towards HIV positive people and provide social support. NGOs and community groups will be encouraged and supported to develop projects for care and social support to HIV-infected people and their families. This will aim at providing physical, moral and, if necessary, material support to those concerned. Volunteers and peer groups associated with NGOs will be trained to assist in social support of people with HIV infection.

3.3 Combination of strategies and interventions to reduce socio-economic impact

In Nepal, AIDS epidemic is still in the early stages. Hence the impact on the society is yet to be observed. However, if intervention is not initiated immediately, there is a likelihood of far-reaching impact, including on the small and medium-scale industries which utilize migrating rural labour force. Strategies to prevent this will therefore, include:

- provision of care and financial support to surviving family members;
- targetted education programmes in industrial estates, farms and cottages;
- plans for maintaining increased productivity in affected sectors i.e. agriculture, industries and other sectors.

3.4 Combination of strategies and interventions to ensure effective management

a) **Multisectoral response and intersectoral collaboration through the following strategies:**

- Involvement of all sectors at central and peripheral levels, including relevant departments within the Ministry of Health, ministries other than health, NGOs and the private sector with strong backing from the Prime Minister's Office, National Planning Commission and policy makers;
- Mobilization and coordination of activities of various ministries through National AIDS Coordination Committee

with a high-level representation from various ministries, NGOs and the private sector.

- Identification of focal points in each ministry as well as specific activities to be carried out.
- b) Decentralization of the AIDS Prevention Activities -**
- Decentralization and integration of the AIDS prevention activities through the establishment of District AIDS Prevention and Control Committees with multisectoral representation to plan and coordinate AIDS prevention activities at the grass root level.
- c) Expansion of the programme to the district and community**
- Integration of the programme at the district level and beyond with general health care delivery system or primary health care structures.
 - Strengthening of district health offices to carry out coordinated activities in collaboration with district AIDS prevention and control committees.
 - Training of health manpower and provision of essential supplies to insure effective implementation of the programme and coordination.
 - Provision of information on national policy guidelines, strategies, interventions about AIDS.
 - Provision of educational materials and adequate technical assistance in preparing district level AIDS prevention programme in accordance with national policies and guidelines.
 - Strengthening STD control programme at district and community levels.
- d) Promotion of cost effective interventions through:-**
- Implementation of operational research to identify and promote cost effective approaches/interventions;
 - Encouragement and support to NGOs and community-based organizations in implementing targetted interventions among individuals engaged in high-risk behaviour;
 - Promotion and coordination of HIV/AIDS research; and
 - Strengthening of information system and sentinel surveillance.

The focus of the programme during the planning period will be on prevention of HIV transmission and, at the same time, carry out long term planning for the care of HIV infected persons/AIDS patients and reduction of socio-economic impact.

4. POLICIES FOR THE NATIONAL AIDS PROGRAMME

The followings are the current policies:

- (1) As a high-level commitment, the National AIDS Coordination Committee has been formed under the chairmanship of the Minister of Health and together with high-level representation from related ministries and NGOs.
- (2) Commitment of the different sectors is expressed in the agreement to have a multisectoral national AIDS Prevention Plan.
- (3) Expansion of the programme has been initiated with the formulation of regional and district AIDS prevention and control committees with representation from different sectors and extension of the programme to the community level.
- (4) No special hospital will be provided for the care of HIV positive cases. Instead, all health institutions will provide service to HIV-positive persons for HIV-related/ unrelated sickness with strict adherence to universal precautions.
- (5) A safe blood programme with universal HIV screening, rational use of blood and only voluntary donation of blood will be implemented.
- (6) Sentinel surveillance will be implemented for monitoring of the trend of AIDS epidemic.
- (7) NGO support and coordination will be sought for the implementation of intervention strategies for difficult to reach groups.

The following additional policies are needed:

- (1) Decentralization of AIDS prevention and control programme to regional, district and village levels with multisectoral representation.
- (2) National STD programme to be integrated with NAPCP and expanded.
- (3) Multisectoral condom promotion and access for the prevention of STD in addition to family planning measures.
- (4) Policy guidelines for the prevention of HIV/AIDS amongst injecting drug users.
- (5) Policy guidelines regarding anonymous/voluntary HIV testing and counselling in public, private and NGO-run health facilities.

- (6) Guidelines for HIV testing in private laboratories and their quality control.
- (7) Government commitment for the sustainability of AIDS prevention and control activities.
- (8) Policies regarding human rights aspects placing emphasis on respect for confidentiality as well as avoidance of discrimination and stigmatization against persons with HIV/AIDS and their families.
- (9) Promotion of researches related to HIV/AIDS.

5. ROLE OF VARIOUS SECTORS
(Intervention Sector matching matrix)

A. HEALTH RELATED SECTORS

A.1 Ministry of Health

Objectives:

1. To coordinate planning and budgeting of all agencies involved in AIDS prevention and control activities as the co-ordinating body of the NACC.
2. To strengthen HIV prevention activities through the existing health facilities.
The major activities include:
 - Education, Information and Communication
 - Condom promotion and distribution
 - Provision of diagnosis and early treatment of STDs
 - Safe blood programme
 - Strengthening of universal precautions
 - Promotion of safer injection practice
 - Provision of HIV testing and counselling services
3. To provide care for HIV-infected persons with or without AIDS related symptoms.
4. To provide rehabilitation services and socioeconomic opportunities to HIV positive commercial sex workers or even to young perspective commercial sex workers as far as possible.
5. To assess the nature of AIDS epidemic and to monitor the situation and trend of HIV/AIDS/STDs.
6. To monitor, supervise and evaluate AIDS prevention and control activities.

Policies/ Strategies:

1. Workshops and meetings will be organised to develop workplan and reviews in coordination with various sectors.
2. All medical personnel will be provided adequate knowledge on AIDS and trained on the management of HIV/AIDS cases.
3. All health facilities will provide health education on AIDS to all people attending the facilities and through

various outreach programmes. Special Campaigns for AIDS information will be regularly organised.

4. Condoms will be widely available in all health facilities
5. STD diagnosis and treatment facilities will be provided in all hospitals and primary health care centers.
6. HIV testing services will be made available in all districts.
7. All hospitals will be equipped and supplied for proper management of HIV/AIDS patients.
8. All blood donations will be tested for HIV.
9. Rational and efficient use of blood will be insured.
10. All health facilities will adhere to the practice of universal precautions.
11. Programmes for injecting drug users will be developed to provide appropriate prevention activities.
12. Voluntary HIV testing with pre- and post-test counselling services will be provided in all regions.
13. Sentinel surveillance will be regularly performed.
14. All health workers will be trained on HIV/AIDS case management, counselling, universal precautions and STD services.
15. Information system will be strengthened to provide accurate, complete and updated information on AIDS situation and related activities.

Agencies and functions:

Department of Health Services:

- Strengthen and support AIDS prevention and control activities in health facilities at all levels through various divisions and centers.
- Promotion and support of HIV/AIDS/STD researches.
- Allocation of manpower for AIDS prevention and control at all levels.
- Support and maintain coordination with various concerned agencies.

Planning and Foreign Aid Division:

- Assist in planning, monitoring and evaluation of AIDS programme as well as in resource mobilization.

Family Health Division:

- Assist in condom promotion, distribution and monitor its use.
- Assist in HIV testing in ANC clinics.

Health Institutions and Manpower Development Division:

- Prepare manpower plans for AIDS prevention and control programme.
- Inspect the quality of services provided to HIV/AIDS patients.

Epidemiology and Disease Control Division:

- To access the nature of AIDS epidemic and to monitor situation and trend of HIV/AIDS/STD.
- To provide information on AIDS situation on a regular basis to concerned agencies in cooperation with NAPCP.
- To assist in planning for AIDS/STD control activities.

Logistic Management Division:

- To manage procurement of drugs, condoms and necessary supplies i.e. needles & syringes, gloves, for STD/AIDS prevention and control to all health institutions under the MOH.

National Public Health Laboratory:

- To provide diagnostic services for STDs and HIV.
- To train manpower on laboratory procedures relating to AIDS/STDs.
- To provide guidelines on AIDS/STD laboratory procedures.
- To assist other laboratories in STD diagnosis.
- To carry out regular monitoring and evaluation of all laboratories on quality assurance on HIV/STD tests.

National Tuberculosis Center:

- To assess the TB epidemic as an opportunistic outbreak resulting from HIV infection.
- To provide up-to-date advice about care and control of tuberculosis in HIV infected persons.
- To provide high level curative service for tuberculosis in HIV infected persons.

National Health Training Center:

- To prepare a workplan for AIDS/STD training in consultation with all concerned agencies.
- To assist in preparing AIDS/STD training curriculum for all in service training programmes.
- To plan, conduct, supervise, monitor and evaluate AIDS/STD training programmes at different levels.
- To assist in preparation of guidelines for AIDS/STD prevention and control.

National Health Education, Information and Communication Center:

- To design, prepare, implement and evaluate AIDS/STD health education programmes including community health education.
- To assist in production and distribution of AIDS/STD related health education materials.
- To disseminate AIDS information through different media.

Regional Health Directorates:

- To plan, implement, monitor and evaluate AIDS/STD prevention and control programmes in the region.
- To provide necessary guidance for AIDS/STD prevention in the region and organize training for health workers.

Central, Regional and Sub-regional Hospitals:

- To provide care to HIV infected persons with appropriate referral system.
- To perform AIDS prevention activities within the hospitals and through outreach programmes to the communities.
- Practice of universal precautions.

District Health Offices:

- To plan, implement, monitor and evaluate the intersectoral AIDS/STD prevention and control programmes in the district through multisectoral involvement. The main areas of activities include:
 - IEC activities,
 - condom promotion,
 - diagnosis of STD/HIV infections,
 - medical care services,
 - training of district health workers,
 - AIDS prevention activities through outreach programmes to the communities,
 - supervision and monitoring of AIDS prevention activities at village level i.e. health posts.

National AIDS Prevention and Control Project:

- To coordinate AIDS prevention and control activities as the secretariat of the NACC.
- To develop appropriate technical strategies for AIDS prevention and control in the country.
- To plan and monitor programme implementation at all levels and evaluate support system from the central level in cooperation with other sectors.
- To assist health institutions, sectoral ministries and NGOs in planning AIDS prevention programmes and to facilitate and coordinate activities carried out by them.
- To monitor condom promotion programme by building up information system regarding its distribution and use in cooperation with other sectors.
- To assist in monitoring the STD control programme.
- To assist in training of trainers for all sectors involved in AIDS prevention and control activities.
- To provide guidelines on AIDS prevention and Control issues.
- To assist in production and distribution of IEC materials to other organizations including NGOs.
- To provide AIDS information through different media on a regular basis.
- To promote, support and assist in AIDS research.

A.2 Institute of Medicine

The Institute of Medicine plays a vital role in training various categories of health manpower providing continuing medical education or refresher courses. Being a semi-autonomous body, it also has the curative as well as preventive functions.

Objectives:

- (1) To integrate AIDS/STDs in all clinical training courses designed for health care workers curriculum of middle as well as high-level health manpower training.
- (2) To provide treatment and care to HIV/AIDS patients and provide early diagnosis and treatment of STDs through its teaching hospital.
- (3) To train the health manpower to secure safety at workplace as well as rational use of blood and advocacy on condom use.
- (4) To promote research on HIV/AIDS.

Policies/Strategies:

- (1) HIV/AIDS/STDs component will be included in the curriculum of all health manpower training courses, including in-service courses.
- (2) Assist in the development and production of health education/training materials.
- (3) Assist in implementation of AIDS education programme.
- (4) AIDS research will be carried out in collaboration with various organizations. Priority areas include epidemiological research, biomedical research, antiviral drug trials, and socio-economic and ethnographic research.

Programme Targets:

All health manpower training courses/curriculum will have included AIDS/STDs as an integral component.

As a result of enhanced efforts the ultimate outcome with the products particularly physicians will have qualities in general such as:

- 1) Greatly improved communication skills.
- 2) A better understanding of the interplay between health and human rights.
- 3) Greater familiarity with infectious diseases like hepatitis virus, HIV and others.
- 4) A serious grounding in public health.
- 5) An appreciation of social environment of the disease.

A.3 Nepal Red Cross Society / Blood Transfusion Service

Blood Transfusion Service (BTS) in the kingdom is entirely provided by the Nepal Red Cross Society. About 40,000 units of blood are donated and distributed to the hospitals each year. Blood donation is on a voluntary basis. By the end of 1992 universal blood screening for HIV has been practiced for safe blood programme.

Objective:

To make blood safe by all means.

Policies/Strategies:

- (1) Blood will be collected only on non-remunerative basis.
- (2) All blood for transfusion will be screened for HIV and VDRL.
- (3) Rational use of blood will be advocated.

Programme Target:

Regular training programme for medical personnel with regard to safe blood services will be carried out.

B. ROLE OF MINISTRIES OTHER THAN HEALTH

The problem of HIV/AIDS is primarily a health problem with grave socio-economic consequences. Therefore, a multi-dimensional and multi-sectoral approach is needed to combat this problem. In order to avoid duplication and coordinate the activities of various sectors, cooperation and collaboration from all sectors and ministries will be essential. Both the NACC and the National Planning Commission will play an important role in this regard.

The nature of work and responsibilities of various ministries are different. This factor will have to be taken into account when identifying the role of different ministries in relation to AIDS prevention activities. While certain AIDS prevention activities may be carried out by all ministries i.e. educating their own work force on AIDS, there are many activities which are specific to each ministry i.e. integration of AIDS in school education by Ministry of Education, mobilization of other ministries by National Planning Commission, Promotion of AIDS education through mass media by Ministry of Communication etc, as well as all ministries can play a vital role in motivating specific target population groups to adopt safe practices.

Ministries, besides health, which help in prevention of AIDS are:

- (1) Ministry of Labour
- (2) Ministry of Industry
- (3) Ministry of Local Development
- (4) Ministry of Education, Culture and Social Welfare
- (5) Ministry of Information and Communication
- (6) Ministry of Tourism and Civil Aviation
- (7) Ministry of Foreign Affairs
- (8) Ministry of Home
- (9) Ministry of Defence
- (10) Ministry of Works and Transport
- (11) National Planning Commission
- (12) Social Welfare Council

Each of these ministries will appoint a focal person to coordinate AIDS activities within the ministry as well as with other sectors.

Ministry of Labour

The main objective of this Ministry is to gradually reduce unemployment and under-employment and to safeguard the basic rights of labourers. This Ministry could help in AIDS prevention activities by creating awareness on sexual transmission of HIV to the migrant labour force and those looking for job opportunity inside and outside the country.

Objectives:

- (1) To ensure non-discrimination approach to all employees.
- (2) To educate the workforce to adopt safe practices on AIDS.

Policies/Strategies:

- (1) Provide regular information through distribution of AIDS educational materials to different categories of migrating labour force in and outside the country.
- (2) Create a more supportive working environment to combat stigmatization and discrimination of HIV-infected persons.
- (3) Cooperate and coordinate in counselling services and providing rehabilitation to the HIV-infected persons at community level.
- (4) Collaborate with NAPCP to plan and implement AIDS education activities targetted at the migrating labour force.

Ministry of Industry

This ministry is involved in establishment and monitoring activities of various industries in collaboration with different ministries.

Objectives:

To educate the industrial workforce in collaboration with Ministry of Labour to adopt safe sex practices in AIDS.

Policies/Strategies:

- (1) Help to conduct AIDS education programme for owners, employers and employees in the industrial estates and institutions (mainly small industries such as carpet industries, garments and match factories) in collaboration with NAPCP and other concerned sectors.
- (2) To organize and coordinate AIDS campaigns within various industries.

- (3) To coordinate and monitor welfare support to industrial employees in attaining a suitable working and living condition i.e. accommodation that segregates the sexes.

Ministry of Local Development

The basic objectives of this Ministry is to improve the socio-economic condition of people living in rural areas, mobilization of local resources, community participation and involvement of women for local development.

Objectives:

- 1) To mobilize local resources and support for AIDS prevention in collaboration with district health offices.
- 2) To include HIV/AIDS/STD component in activities with women and the communities.

Policies/Strategies:

- (1) Arranging introductory training programmes on AIDS for community women workers/ female volunteers, who in turn would educate or spread message to general population at the village level.
- (2) Help/develop system to distribute materials on AIDS through various categories of social workers and through Women's Development Programme and various local NGOs.
- (3) The existing training centres and local development training programmes could be utilized to train local leaders and women workers on AIDS prevention.
- (4) Income-generating employment opportunities will be increased with the mobilization of available resources and skills. Employment opportunities will be made available to girls engaged in prostitution, and those likely to be engaged in future. Attempts will be made to prevent girl trafficking.

Ministry of Education, Culture and Social Welfare

The overall purpose of the Ministry of Education is to make citizens aware, capable and productive by making basic and primary education accessible to all. This enables the citizens to deal with existing and upcoming socio-economic problems in the country in addition to producing necessary manpower for development. The education policy in Nepal has already accepted inter-sectoral approach to educate the masses in respective sectoral areas where mass awareness works as a pre-condition for achieving sectoral objectives. Since mass education is the major intervention area of concern to bring mass awareness on the status, cause and effect of

HIV/AIDS on individuals, families and communities, the education sector has to play a vital role in preventing and controlling HIV/AIDS in Nepal. Nearly one-fourth of the country's population can be reached through schools and colleges, and this underlines the importance of integrating AIDS in the school curriculum.

Objectives:

- (1) To equip young people and adult learners with the knowledge, motivation and skills necessary to protect themselves from HIV/STDs,
- (2) To develop attitudes of non-discrimination and care towards people with HIV/AIDS in the community, and
- (3) To train teachers to implement and evaluate school adult education activities on HIV/AIDS/STDs.

Policies/Strategies:

- (1) With due consideration given to the socio-cultural norms of the country, curricula on HIV/AIDS under the health education will be included in the school education preferably from 8th standard onwards. After school education, appropriate mechanisms will be introduced following consultation with the universities.
- (2) HIV/AIDS will be made as a part of the adult education programme.
- (3) Provision of necessary education materials and organization of workshops/training will facilitate AIDS education programme both in formal and non-formal settings.

Programme Targets:

- (1) AIDS education will be included in all schools including colleges, universities as well as extra curricular activities.
- (2) AIDS education will be introduced in adult literacy classes.
- (3) Information on AIDS will be included in the various publications education materials of the ministry.
- (4) AIDS education will be included in the teachers training courses at all levels.
- (5) Workshops and seminars will be organized in the schools, colleges and universities separately for teachers and students to train them on providing HIV/AIDS counselling service.

- (6) Production of teaching and learning materials for the school teachers and students.

Ministry of Information and Communication

The mandate of the Ministry of Information and Communication is to create awareness among all segments of the society through the use of mass media, audiovisual and reading materials.

Objectives:

- (1) To disseminate information on HIV/AIDS that will motivate individuals to adopt safe practices for the prevention of HIV/STDs.
- (2) To create awareness on the severity of the epidemic and its socio-economic impact on the society.

Policies/Strategies:

- (1) Information on AIDS will be disseminated through all channels of information and communication including newspapers, posters, pamphlets, radio and television.
- (2) Use of radio will become a main channel of communication due to low literacy rate and will include appropriate languages and targetting of specific groups (migrant workers, injecting drug users etc).

Programme targets:

By 1995, appropriate time will be made available on AIDS education in various communication channels.

Ministry of Tourism and Civil Aviation

The Ministry of Tourism and Civil Aviation is responsible for welfare of the tourists as part of tourism promotion in the country and safety of aviation.

Objective:

To disseminate information on AIDS to all those involved in tourism industry.

Policies/Programmes:

The role of this Ministry is to create awareness among tourist industry workers as well as tourists regarding HIV/AIDS.

Programme targets:

- (1) Disseminating messages on AIDS through posters, booklets etc.
- (2) Display and distribution of materials on AIDS through tourist information centers.
- (3) Providing AIDS information and making condoms available in the hotels, lodges and restaurants, travel and trekking agencies.
- (4) Organizing workshops/seminars and providing recent information on AIDS to tourist guides, trekking guides etc.
- (5) Including AIDS in the training courses for the various category of workers being trained at the hotel management and tourism training centers.

Ministry of Foreign Affairs

One of the responsibilities of Ministry of Foreign Affairs is to provide overall information of the country to the foreigners planning to visit Nepal as well as of foreign countries to the nationals.

Objective:

To provide international travellers with information on HIV/STD Prevention in the country.

Policies/Strategies:

- (1) Provision of materials on AIDS information while providing/distributing passports.
- (2) Provision of materials on AIDS information while providing visas to enter Nepal.
- (3) Provision of information on current situation of HIV/AIDS in Nepal to the concerned governmental organizations, international non-government organizations and NGOs in foreign countries.

Ministry of Home

The role of this ministry lies on internal management and security of the country using various personnel i.e. police, immigration officer, prisons' staff, local administration officers. The ministry, in collaboration with different sectors also conducts activities relating to drug abuse and prostitution.

Objectives:

- (1) To educate the personnel of Home Ministry on HIV/AIDS.
- (2) To co-operate in targetted intervention strategies for sex workers and injecting drug users.

Policies/Strategies

- (1) Organize workshops and provide information on AIDS to the personnel under the ministry.
- (2) Include AIDS information in all of the in-service training programmes organized by the ministry.
- (3) Collaborate with different sectors working on AIDS prevention activities.

Programme targets:

- (1) Collaboration with different sectors in the intervention strategies.
- (2) Inclusion of HIV/AIDS education in the in-service training programmes.

Ministry of Defence

The role of this ministry is to provide security of the country using military personnel who are mainly men in sexually active age group staying away from their families.

Objective

To educate military personnel on HIV/AIDS and motivate them for safe sex behavior.

Policies/Strategies

- (1) Organize workshops and provide information on AIDS to the personnel under the ministry.
- (2) Include AIDS education and information in all of the in-service training programmes organized by the ministry.
- (3) Collaborate with different sectors working on AIDS prevention activities.

Ministry of Works and Transport

The role of this ministry is construction of roads and government buildings as well as management of the transport sector.

Objective

To educate the personnel who are usually away from their families on HIV/AIDS and motivate them for safer sex behavior.

Policies/Strategies

- (1) Organize workshops and provide information on AIDS to the personnel under the ministry.
- (2) Include AIDS information in all of the in-service training programmes organized by the ministry.
- (3) Collaborate with different sectors working on AIDS prevention activities.

National Planning Commission (NPC)

NPC, with responsibility to plan for overall socio-economic development of the country, has an important role to play in coordinating different sectoral ministries involved in the multi-sectoral approach in AIDS prevention and control activities.

Objective:

To ensure multisectoral approach to combat AIDS in the country.

Policies/Strategies:

- (1) To ensure multisectoral approach in planning, implementation and monitoring of AIDS prevention and control activities mounted by various ministries.
- (2) Provide guidelines to all concerned ministries to include AIDS programme activities and to facilitate coordination among them.
- (3) Facilitate resource mobilization necessary for the AIDS control programme.
- (4) Monitor activities of different ministries on the basis of sectoral national plans and programmes for prevention and control of AIDS.

- (5) Conduct studies to measure the demographic, social and economic impact of AIDS in the country.

Programme Targets:

All concerned ministries should have developed an AIDS control programme by the end of 1993.

Social Welfare Council

The role of Social Welfare Council could be identified mainly as:

- (1) Coordination and mobilization of resources including financial support for NGO activities; and so may act as a liaison member between NAPCP and NGOs.
- (2) Provide a system of networking to avoid duplication of the programme on AIDS by different NGOs.
- (3) As recommended in external review, the Council will be very helpful in mobilizing all different categories of NGOs at the local level to launch AIDS education campaigns.
- (4) To provide counselling service and promote NGO involvement in providing counselling at the community level to patients with HIV/AIDS and to the family members.
- (5) Supervise and monitor the NGOs activities on AIDS prevention.
- (6) Participate actively in developing prevention programmes targeted to sex-workers and IDUs.

C. ROLE OF NGOS AND PRIVATE SECTOR

A large number of NGOs are now participating in AIDS Prevention activities. However, most NGOs are new and technically not strong. This lack of technical capacity and skills among NGOs, particularly on issues related to prostitution, drug injection and STD has led them not yet being involved to a great extent on targeted interventions for population at risk i.e. female prostitutes and injecting drug users. In addition, there is much duplication of activities, including health education material development.

Some challenges regarding sharing of responsibilities at the grassroot level to create awareness activities on AIDS is to be seriously felt by local NGOs and private sectors as they need enough orientation on skill and strategy for coordinated efforts to deal the subject in the context of the local situation. Social Welfare Council can play a key role in mobilizing NGOs and private sectors in providing a new dimension to the performance of

activities regarding promotion of health which includes AIDS prevention and control activities.

Objectives:

- (1) NGOs and private sectors as change agents will play a vital role in areas of social mobilization like condom promotion, care and rehabilitation of HIV positive persons and community leadership besides mass awareness activities on AIDS education.
- (2) They are also expected to work with individuals engaged in high-risk behavior such as injecting drug users and commercial sex workers to educate and persuade them to change their behavior.
- (3) Help provide social counselling service.

Policies/Strategies:

- (1) NGOs will be invited to participate in AIDS prevention efforts. Appropriate steps will be taken to provide them the technical assistance and health education materials besides financial support. Guidance will be provided to NGOs in identifying appropriate fields and activities for their involvement.
- (2) An NGO sub-committee has been already established at the national level for AIDS activities to review NGO project proposals and monitoring of project activities. The Social Welfare Council in collaboration with these committees, is understood to function as focal point for national-level NGO coordination.
- (3) NAPCP will provide support and guidance to the NGOs on a continuing basis. The project will exploit to the fullest extent the links that NGOs have with the groups vulnerable for HIV and implement targetted intervention in these groups. Appropriate communication channels will also be established for exchange of information among NGOs and between NGOs and NAPCP.
- (4) The participation of NGOs in the dissemination of information/ education for primary target groups is of major importance. Consultation and support to NGOs and private enterprises will be encouraged in the design and production of IEC materials. Interpersonal communication will be the focus of activities in the promotion of AIDS prevention activities in both urban and rural areas.
- (5) In providing social welfare support for HIV-positive persons, their families and members of targeted populations, NGOs can

play an important role in providing psychological, social and religious support to those affected. Through NGOs, volunteer groups will be encouraged in the community to assist families in providing care and support to HIV-positive persons and AIDS cases.

- (6) All projects carried out by NGOs will be conformed to the national guidelines and policies and will be developed within the framework of the multisectoral national medium-term programme.
- (7) Activity reports of each NGO will be submitted to the NACC through the NAPCP on quarterly basis.

6. MANAGEMENT

6.1 Management structure

6.1.1 National Level

The National AIDS Coordination Committee (NACC) is the highest body for the formulation of national policy and intersectoral approach regarding HIV/AIDS. This Committee is represented by a member of the National Planning Commission, Secretaries of different ministries and Social Welfare Council. It is chaired by the Minister of Health (See Annex I).

The AIDS Prevention Technical Committee is responsible for overall implementation of strategies and preparing technical guidelines and ongoing evaluation of programme activity.

The specific role of sub-committees are as follows:

IEC Sub-committee: Responsible for the development of implementation strategies and ongoing evaluation of general education activity and targetted intervention.

Surveillance and Blood Safety Sub-committee: Responsible for safe blood programme and laboratory services including screening, rational use of blood, quality control and cost effective approach as well as training support and screening facility for sentinel survey and other testing.

STD Control Sub-committee: Responsible for STD control activities and monitoring of STD prevalence.

Care and Rehabilitation Sub-committee: Responsible for patient care and rehabilitation of HIV infected persons.

NGO Sub-committee: Responsible for the development of implementation strategies, targeted intervention and coordination of activities carried out by NGOs.

National AIDS Prevention and Control Project :

NAPCP will have a coordinating and limited executive role (See Annex II). The programme will be responsible for developing technical strategies, monitoring of programme implementation, advocacy, and evaluation of support systems from the central level. NAPCP will also act as secretariat for NACC and will play a key operational role in the multisectoral programme.

6.1.2 Regional Level

The regional health directorate is responsible for the development and planning of multisectoral strategies and ongoing monitoring of activities at regional and district levels.

6.1.3 District and Peripheral Level

The AIDS prevention and control activities will be extended to district, village and community levels through gradual expansion of activities at the grass-root level. District health office (DHO) will be the key agency for implementation, while the District AIDS prevention and control committee represented from different sectors will advise and monitor the activities carried out by various sectors besides DHOs.

At village level, all existing village development committees will be the key organizations in AIDS prevention and control.

6.2 Management Information System

The routine activity report from every sector in each district will be sent directly to respective ministries and NAPCP on six-monthly basis.

7. RESOURCE, SUPPORT SYSTEM AND SUSTAINABILITY

7.1 Human Resources

The staff of NAPCP at the national level will be strengthened to ensure coordination of activities related to AIDS prevention. At the peripheral level, the existing staff at regional, district and health post levels will be trained to carry out AIDS prevention activities as a part of the overall primary health care infrastructure. The existing support services will be used to the maximum extent at national and regional levels. Operations and maintenance will be monitored thereby ensuring optimal use of resources and avoid any duplication. Human resources from among the community-based organization functioning at the grass-root level will be mobilized for AIDS prevention activities.

7.2 Logistic Support

The overall responsibilities for logistic support to various sectors of the programme, including printing and distribution of health education materials, condom supply etc., will lie with the NAPCP. This will be carried out in collaboration with various departments and sectors, for example, health education materials will be developed by the project in close collaboration with the the national health information, education and communication center, condom supply with logistic management division, drugs for treatment of STDs with the STD control programme. The cost-saving approaches such as social marketing approaches for condoms, pooling for HIV testing at blood banks, will be promoted.

7.3 Supplies and Equipment

While request for supplies and equipment are expected during the early stages of Second MTP for which external support may be requested, support will primarily be needed for programme activities. HMG/N resources will also be available for AIDS prevention activities in Nepal through the National Planning Commission.

7.4 Resource Mobilization and Sustainability

In view of the multisectoral approach adopted in this plan, HMG/N will make budget allocations to all ministries for AIDS prevention and control activities. The political commitment for AIDS prevention has clearly been expressed. The National Planning Commission will assist various ministries in the planning process and the Ministry of Finance will help in mobilizing resources for activities carried out by various ministries other than health. International donors will also be requested to provide financial support to the programme.

Each ministry will develop their respective plans of action and implement activities utilizing their own funds. During the early phase, funds from external resources may be needed but subsequently the programme will become an integral part of activities of the respective ministries thereby ensuring sustainability of the programme.

7.5 Financial Monitoring

Mechanisms for managing funds and accountability are already well established and the same would apply to the AIDS Control programme.

8. INDICATORS AND TARGETS

Various indicators have been identified to monitor the progress of the programme.

8.1 Targets for programme effectiveness with regard to prevention of HIV

8.1.1 Information, Education and Communication

By 1995, 90% of the population aged 15-49 years will be able to cite at least two acceptable methods of protection from HIV infection.

8.1.2 Condom availability

Condoms will be available on demand at all health facilities and retail sites (social marketing outlets) by 1994.

8.1.3 Condom use

The target on condom use is that 50% of the target population (sex workers) will always use condoms by 1994. It will be increased to 80% by 1997. This information will be obtained in conjunction with the sentinel surveillance activities on six-monthly basis i.e., for sex workers, number of sex acts the previous night, and times condom used.

8.1.4 STD Management

Appropriate drugs for treatment of STDs will be available at all district hospitals and primary health care centers by 1994.

8.1.5 STD Prevalence

The prevalence of positive serology for syphilis among pregnant women attending Antenatal clinics at the sentinel sites will be at 50% reduction by 1997.

8.1.6 Screening of blood for transfusion

100% of blood donations for transfusion will be screened by 1993 and the blood donation will be on voluntary, non-remunerative basis.
Guidelines for rational use of blood will be adopted.

8.1.7 Universal precautions

By 1995, all health personnel will be oriented for universal precaution.

8.2 Targets for programme effectiveness with regard to reduction of individual and social impact

8.2.1 Clinical management of patients with HIV/AIDS

90% of health institutions in the country will have been prepared for rendering services to patients with HIV/AIDS cases by 1995.

8.2.2 Counselling Services

Counselling service will be made available at all health institutions by 1995.

8.3 Targets for Programme Effectiveness with Regard to Programme Development

8.3.1 Multisectoral programme

All the concerned ministries of the HMG/N will have developed an AIDS prevention programme by the end of 1993.

8.3.2 Expansion of the programme

All districts health offices will be participating actively in AIDS control activities by 1994.

9. MONITORING AND EVALUATION

Monitoring and Evaluation is the part of the national intersectoral plan for AIDS prevention and control. The review of the plan will be made at national and international levels.

In order to solve the problems encountered during implementation and to achieve the stated objectives of the plan, continuous monitoring through review of the programme will be made using the existing mechanism on a four-monthly and on annual basis at the national level by NAPCP. The reporting forms to be used at the local, district, regional and central levels will be developed as soon as possible by each concerned ministries as part of their activities.

The review of the AIDS prevention activities at local and district levels will be made together with concerned activities of the various ministries and reports will be made available to the regional AIDS prevention and control committees and NAPCP.

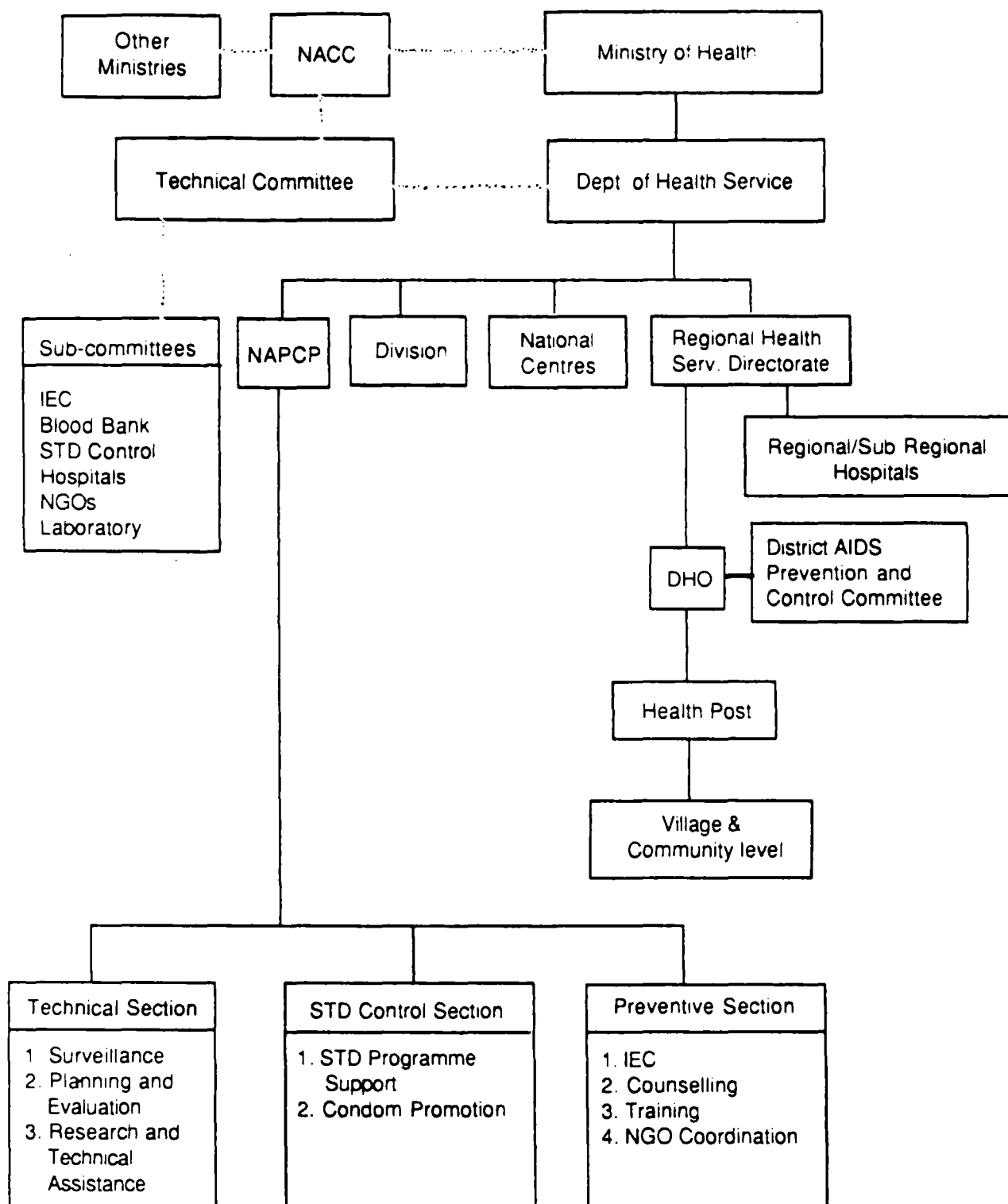
The external review will be carried out every 2-3 years with input from HMG/N, NGOs, bilateral and multi-lateral agencies. The review report will serve as a guideline to correct and solve problems encountered in the implementation of the plan and provide a basis to formulate next medium term plan for AIDS prevention if necessary.

The overall programme will be evaluated for effectiveness according to each target set.

Composition of National AIDS Coordination Committee

1.	Honourable Minister for Health	Chairman
2.	Honourable Member, National Planning Commission	Member
3.	Secretary, Ministry of Health	Member
4.	Secretary, Office of the Prime Minister	Member
5.	Secretary, Ministry of Foreign Affairs	Member
6.	Secretary, Ministry of Home	Member
7.	Secretary, Ministry of Finance	Member
8.	Secretary, Ministry of Education, Culture and Social Welfare	Member
9.	Secretary, Ministry of Tourism and Civil Aviation	Member
10.	Secretary, Ministry of Information and Communication	Member
11.	Secretary, Ministry of Labour	Member
12.	Secretary, National Planning Commission	Member
13.	Member Secretary, Social Welfare Council	Member
14.	Chairman, AIDS Prevention Technical Committee	Member
15.	Director General, Department of Health Services	Member
16.	Chief, Planning Division, Ministry of Health	Member
17.	Chief, National AIDS Prevention and Control Project,	Member Secretary

Organogram of the National AIDS Prevention and Control Project, Nepal



NEPAL

NATIONAL AIDS PREVENTION AND CONTROL PROJECT

**OF THE REPORT PROGRAMME
EXTERNAL REVIEW**

**Ministry of Health in collaboration with WHO and other
interested parties, 12-23 December 1992**

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I. EXECUTIVE SUMMARY

The first AIDS case in Nepal was not diagnosed until 1988. Although only 13 patients with AIDS have been reported so far, there is a real possibility that HIV infection in Nepal may spread in a manner similar to those witnessed in some of the neighbouring countries. This is because risk behaviours which promote spread of HIV are present in the country including male patronage of prostitutes, high rates of sexually transmitted diseases, injection of illicit drugs and low condom usage. WHO estimates that presently there are nearly 5000 people already infected with HIV in Nepal. Without an effective intervention programme, the continued transmission of HIV appears inevitable.

To respond to this threat, HMG implemented a short term AIDS programme in 1987 with WHO support. A Medium Term Programme for the prevention and control of AIDS began in 1990. The national AIDS policy committee was established in 1987. In July 1992, this committee was upgraded to a National AIDS Coordination Committee with participation of secretaries from concerned ministries and is chaired by the Health minister. The Programme Manager, now works for the National AIDS Prevention and Control Project (NAPCP) on full-time basis. There has been some increase in the number of staff assigned to the programme over the last six months. The organization chart of NAPCP is given in Annex vi.

The external review of the HMG AIDS project was planned for the third year of the Medium Term Programme. The objective was to assess the adequacy and relevance of AIDS prevention and control efforts mounted by the government including those by other sectors. The review team consisted of representatives of government outside the NAPCP, the Institute of Medicine, Social Welfare Council as well as of EEC, Swiss Development Cooperation, UNDP, USAID and WHO. The review team, terms of reference and programme are given in Annex i, ii and iii respectively. The review was carried out from 13 to 23 December 1992. The review team carried out interviews, made site visits including visits to Sindhupalchowk, Nepalgunj and Kaski (Annex iv). The team reviewed all aspects of the AIDS control programme namely programme management, IEC, condom promotion and usage, STD prevention and management, targetted interventions among female prostitutes and injecting drug users, blood safety, counselling and clinical care, surveillance and NGO involvement. A consensus meeting was held on 22 December 1992 which endorsed a statement in support of urgent action needed to accelerate AIDS prevention efforts (Annex vii).

Overall, the review team was of the opinion that perceptible progress had been made recently in certain areas. However, the AIDS prevention and control efforts must be accelerated immediately in order to have any meaningful impact on the spread of AIDS epidemic in the country. Various ministries besides health, need to be involved, the programme expanded to peripheral areas and interventions targetted at population groups at risk of HIV infection be augmented without any delay. HMG should assist and support the programme in this endeavour by providing funds as well as by recruiting staff on full-time basis. A brief list of recommendations have been given below. The major findings of the review and complete list of recommendations can be seen in detail in section 2.

SELECTED RECOMMENDATIONS:

Programme Management

- The review team recommends that the NAPCP initiate immediate steps to involve the ministries other than health in the AIDS prevention activities. Focal points should be identified in each ministry and specific activities to be carried out by them outlined in time before the formulation of second generation of the Medium term Plan during Jan-Feb. 1993. Workplans must be developed by each ministry within the framework of the medium term programme and these can then be incorporated in the national AIDS plan.
- The review team recommends that AIDS Prevention activities should be expanded to the district and community level as soon as possible. While recognizing that AIDS Programme would have vertical structure at the central and regional level for planning and monitoring purposes, the programme at district level and beyond should be integrated with general health care delivery system or primary health care. For this purpose, the district public health offices must be strengthened.
- The review team recommends that the National AIDS Coordination Committee should also include representation by NGOs as well as the private sector. In order to mobilize and better coordinate activities of the various ministries, the National Coordination Committee should have a higher level representation from various ministries, NGOs and private sector.
- The review team further recommends that the NAPCP within the Ministry of Health should also act as a secretariat for the National AIDS Coordination Committee. The Programme Manager should focus all his efforts on advocacy, and on planning, coordinating and monitoring AIDS prevention activities to be carried out by the project staff and by various organizations rather than getting involved in the direct implementation of these activities. Responsibilities should be assigned to project staff or other relevant offices for various programme areas such as counselling, condom promotion, clinical care, STD management etc.

Information, Education and Communication (IEC)

- IEC activities, both for general public and for specific target groups, need special attention in the second AIDS Medium Term plan. NGOs and representatives from other sectors need to be involved in this process. IEC for STD control needs to be closely integrated with the IEC component of NAPCP.
- The respective roles of the IEC unit in NAPCP and the Health Education Section in the Ministry of Health (MOH) need to be clarified. The NAPCP and its IEC sub committee should concentrate on:
 - advocacy
 - training of trainers for all sectors including NGOs,

- provision of core messages and guidelines to all sectors,
- coordination of activities implemented outside the MOH,
- The health education programme of the MOH should be considerably strengthened. In particular DPHO should be trained in the best communication methods for the difficult issues related to AIDS and they should be best utilized in the training of the district level staff.

Condom Promotion/Distribution

- A comprehensive strategy for condom promotion and distribution, involving both public and private sectors as well as NGOs, needs to be urgently developed. This strategy be aligned with, and form part of the new multisectoral Medium-Term Plan for AIDS/STD control. The condom Education/Promotion Working Group should be given primary responsibility for this, in close cooperation with the NAPCP.
- More research is needed into the sexual behaviour and attitudes of the high risk population. These data are needed to assist NGOs and field workers to design optimally targeted programmes for these groups.
- Social marketing programmes such as Contraceptive Retail Sales (CRS) should be encouraged to continue its plans to develop and implement a condom promotion/distribution strategy for STD/AIDS prevention that should form part of the above strategy/plan.

Sexually Transmitted Diseases (STD)

- A functioning and practical STD programme has to be set up and implemented at all levels: national, regional, zonal, district, health-post, village development committee and ward level. The programme has to be comprehensive and tailored to each level and it needs to be integrated with AIDS Control activities. Health-posts should act as referral centers where some treatments should be provided. At the VDC and ward levels, information/education and condoms should be provided. Adequate supply of relevant drugs and condoms at the different levels should be provided.
- Health care workers at all levels must be trained in STD prevention and management. Guidelines already developed for this purpose must be disseminated to health-care workers, including those in the private sector.

Targetted Interventions

- The review team recommends that NGOs and social workers should have the key role particularly to work on the prostitution and drug use issues since various experiences, in Nepal and abroad, have already shown that the governmental services are not the appropriate structures to

approach these two groups.

- The reality of prostitution and drug addiction problem should be recognized and every effort should be made to approach these groups through NGOs and Social Workers focussing on the educational aspect rather than on the repressive one.
- The review team recommends that NAPCP in collaboration with NGOs must develop intervention projects on health education, condom promotion, diagnosis and management of the STDs and target these among prostitutes, injecting drug users, youth etc.

Blood Safety

- Training of health workers on safe blood programme with emphasis on the rational use of blood.
- HIV testing facility in the Blood Banks should be restricted only for screening of blood donors. Results of such tests on the blood should not, as recommended by WHO, be communicated to the donor.

Counselling

- Counselling of HIV/AIDS patients should be done at all health institutions where they are being cared for. For this hospitals and other health institutions need support programme for training and logistics.
- A workshop to train a core group of personnel both from NGOs and health workers on AIDS counselling should be arranged in early 1993. This would be the training of the trainers. Such a core group would then train others so as to have a multiplying effect.

Care including Clinical Management

- Training of health workers in the country on clinical care should be a priority. The AIDS care aspects should be included in the Medical and nursing education curriculum and should be a part of any medical education activity.
- Existing resources and services should be utilized for upgrading practices regarding "universal precautions". Also awareness must be raised amongst administrators and health workers that practice of universal safety precautions in itself will be sufficient to protect against HIV infection and that HIV testing of hospital patients for the sake of protection of staff is not an appropriate strategy.
- All patients with HIV should have similar access to medical care as those without HIV infection.

HIV and STD Surveillance

- Blood collection and testing for HIV surveillance should be carried out by the staff at each site chosen for sentinel surveillance. They should be trained for this purpose.
- Testing must be anonymous. Individuals, interested in knowing their HIV status can be tested separately in a voluntary confidential manner. Such a facility should be established and strict confidentiality maintained of the persons who have tested HIV positive.

Involvement of NGOs and private sector

- NAPCP should take initiative to strengthen NGOs' capabilities through training on HIV/AIDS including formulation of project proposals. A variety of mechanisms could be used including workshops, project visits, guidelines etc.
- An NGO focal point at national level for AIDS activities should be established to review NGO project proposals and monitoring of project activities. In addition, the NGOs committees could assist in these areas. However, the structure and function of these committees must be publicized as widely as possible. The social welfare council in collaboration with these committees could function as focal point for national level NGO coordination.
- NAPCP should provide support and guidance to the NGO sectors on continuing basis. The project should exploit to the fullest extent the links that NGOs have with groups vulnerable for HIV and implement targeted intervention in these groups in collaboration with NGOs stated above. Appropriate communication channels should also be established for exchange of information among NGOs and between NGOs and NAPCP.

2. DETAILED FINDINGS AND RECOMMENDATIONS

2.1 PROGRAMME MANAGEMENT

In Nepal, the short-term plan on AIDS was implemented in 1987 with support from WHO. The Medium Term Plan for the prevention and control of AIDS began in 1990. The three year plan contained strategies for AIDS prevention and was to operate based on annual work plans which included activities in programme management, health education, training, surveillance, medical care, blood safety and laboratory aspects. The current organizational structure of the National AIDS Prevention and Control Project (NAPCP) is shown in Annex i.

The National AIDS Policy Committee was established in 1987. In July 1992, this committee was upgraded to a National AIDS Coordination Committee with participation of secretaries from the concerned ministries and is chaired by the Health Minister. At the end of first year of the programme, an internal review of national AIDS prevention activities was conducted to assess the progress and efficiency. Each year, Work plans were developed and activities carried out according to the plans.

Major Achievements

1. A National AIDS Coordination Committee has been established and serves as the national policy making body on AIDS prevention. Originally chaired by the Secretary of Health, the committee is now chaired by the Minister of Health. Furthermore, the address by the Prime Minister on the World AIDS Day and the participation by the Ministers of Home, Education and Health during the World AIDS Day celebration this year demonstrate greater level of concern and political commitment.
2. During last few months, the number of staff assigned to NAPCP has increased. Since February 1992, the Programme Manager works on AIDS prevention and control on full-time basis. The programme office space has also been expanded to some extent and physical facilities improved.
3. Annual Work plans were developed within the framework of the Medium Term Plan and activities have been implemented. The programme during the current year has shown an enhanced level of implementation of activities planned in the 1992 Workplan the rate of implementation was nearly 90% at the time of the External Programme Review. At the same time, planning and budgeting for 1993 are at final stages of development.
4. A number of NGOs have begun to participate in the AIDS prevention activities, both in Kathmandu and at district level. The programme has provided support to a few NGOs during 1992. The NGO steering committee and the NGO coordination committee have recently been established in order to provide further support to the NGOs and to assist in coordination of their activities.
5. The review team was informed that NAPCP is in the process of initiating activities at the regional and district level. Committees at the regional level are being established with participation of the Ministries of

Health, Local Administration and Education as well as of local NGOs. These committees are expected to advise and assist the District Public Health Offices in carrying out activities at district and health post level. These committees, however are not yet functional.

6. Some degree of collaboration is presently existing between NAPCP and other departments within the Ministry of Health i.e. health education section, tuberculosis control programme and MCH/Family Planning. Epidemiology Department is expected to take up the responsibility of carrying out sentinel surveillance and other epidemiological research activities beginning from January 1993.
7. Recently, a meeting of interested parties was held for information sharing between the NAPCP programme manager and representatives of local agencies and international donors. This is likely to be a regular feature with meetings held on a quarterly basis. There is now an increased donor interest in supporting AIDS prevention efforts in Nepal and many have expressed particular interest in supporting NGOs in the AIDS Prevention efforts.

Major Constraints

1. The programme is yet to fully involve various divisions within the Ministry of Health, although some initiatives have been taken by the NAPCP staff. As a result, the programme still remains highly centralized and often resulting in all activities related to AIDS being always referred to or carried out by NAPCP. Referral to the project of patients with AIDS is only one such example.
2. The ministries other than health namely education, labour, tourism, h etc. have not been involved to the fullest extent and many other important sectors are yet to be involved. As a result, no significant progress has been made to develop and mount a multisectoral response to AIDS epidemic in Nepal. Moreover, some of the departments and programmes which have to play a crucial role in relation to the AIDS epidemic namely health education section, STD control programme and tuberculosis programme are very weak.
3. Over the past year, participation by NGOs in AIDS prevention activities have increased. However, NGOs are generally not well informed about the structure and function of the AIDS prevention project as no formal mechanism for exchange of such information has been there. The potential for greater NGO involvement in NAPCP is limited in most cases due to a lack of AIDS related technical knowledge and skills among NGOs. In many situations, the existing "competitive" atmosphere among NGOs is a major constraint and does not permit a greater degree of collaboration among NGOs and between the NAPCP and NGOs. Furthermore, most of NGO activities have been restricted to easily accessible areas only.
4. Perhaps the greatest constraint facing the AIDS programme is the virtual absence of activities at the district level. The District Public Health

Offices have not yet been motivated to become involved in the programme and have not received much health education material from the NAPCP. In some areas, only a sporadic health education campaigns have so far been carried out, usually around "World AIDS Day". Most health care workers at the district level have not received clear guidelines from the NAPCP or from the other division in the Ministry of Health regarding their responsibilities. Moreover, delivery services at the peripheral areas remains weak.

5. Although the staff of the NAPCP has increased over last one year, there is still shortage of staff. As a result, few staff members had to carry out various responsibilities. This could sometime contribute to some degree of frustration on the part of project staff. In addition, many staff are assigned to the project from their regular post on deputation and can any time be recalled back to their original positions.
6. The recent policy of HMG to retire senior officials of the government has left many departments without full time administrators or programme officers. Many posts of District Public Health Officers presently lying vacant, is a major constraint to the planning and implementation of AIDS Prevention activities at the district and health post level.
7. Although much donor interest in assisting HMG AIDS prevention programme is evident, the support in real terms is yet to materialize from agencies other than WHO. This has resulted in a limitation of activities being planned and implemented so far. Only one donor meeting has been organised so far.

Recommendations

1. The review team recommends that HMG response to the AIDS pandemic must embrace all sectors of the society. The National AIDS Coordination Committee and NAPCP should develop effective working relationships between the Ministry of Health, other ministries and non governmental organisations. This working relationship with other ministries need to be developed both at central and peripheral level and needs a strong policy backing from the Prime Minister's Office, the Planning Commission and Policy makers in different sectors. Since many of the government ministries and NGOs may not be familiar with national AIDS policies and global strategies, the NAPCP has critical role to play in assisting them in planning and coordinating activities to be carried out by these organisations.
2. The review team recommends that the NAPCP initiate immediate steps to involve the ministries other than health in the AIDS prevention activities. Focal points should be identified in each ministry and specific activities to be carried out by them outlined in time before the formulation of second generation of the Medium Term Plan during Jan-Feb. 1993. Workplans must be developed by each ministry within the framework of the medium term plan and these can then be incorporated in national AIDS plan.

3. The review team recommends that the National AIDS Coordination Committee should also include representation by NGOs as well as the private sector. In order to mobilize and better coordinate activities of the various ministries, the National Coordination Committee should have a higher level representation from various ministries, NGOs and private sector.
4. The review team recommends that the NAPCP take a more proactive advocacy role for high level involvement both at the national and district levels. For example, orientation of the ministries at the national level and assemblies at the district level should be carried out. Experiences of other countries within the region and outside should be highlighted in these advocacy meetings.
5. The review team recommends that the NAPCP within the Ministry of Health should also act as a secretariat for the National AIDS Coordination Committee. The Programme Manager should focus all his efforts on advocacy, and on planning, coordinating and monitoring AIDS prevention activities to be carried out by the project staff and by various organizations rather than getting involved in the direct implementation of these activities. Responsibilities should be assigned to project staff or other relevant offices for various programme areas such as counselling, condom promotion, clinical care, STD management etc.
6. The review team recommends that at regional level, focal points should be identified to work on AIDS on full time basis. In addition, AIDS committees should be established both at the regional and district levels with multisector representation including NGOs and private sector. At the district level the committee should be headed by the LDO so that various sectors in the district could implement programme activities. The District Public Health Offices should provide necessary technical input into the programme.
7. The review team further recommends that AIDS Prevention activities must be expanded to the district and community level as soon as possible. While recognizing that AIDS Programme would have vertical structure at the central and regional level for planning and monitoring purposes, the programme at district level and beyond should be integrated with general health care delivery system or primary health care. In doing so, the district public health offices must be strengthened to carry out various activities. The AIDS project should inform district public health officers and other district officials regarding national policy guidelines, strategies, interventions and message regarding AIDS. District Public Health Office should also be provided health education materials and adequate training. They should also be provided technical assistance in preparing district level AIDS Prevention programme in accordance with national policies and guidelines.
8. The review team recommends that greater attention be given to coordination of activities including those of NGOs in order to avoid duplication of services particularly in the area of health education materials development and intervention activities. Urgent steps should be taken by HMG to strengthen the Health Education Section and STD

control programme.

9. The review team recommends that the international donors and UN agencies expedite financial support to HMG AIDS Control Programme either through the government channels or to NGOs directly. NAPCP must take steps to mobilize financial support from private sector. Increased HMG commitment for AIDS prevention should also be reflected through increased government funds for the national AIDS project including additional physical facilities and staff. The staff working on AIDS project should be assigned on more permanent basis, rather than on deputation.

2.2 INFORMATION, EDUCATION AND COMMUNICATION (IEC)

Background

The IEC sub-committee of the NAPCP has met 6 or 7 times over the last 12 months to review progress and decide on further actions.

The main strategies used have been:

- a media campaign using repeated short AIDS messages in TV/Radio/Print Media,
- extension of targeted interventions as well as training of health workers in districts with high risk factors,
- and, lately, mobilization of International Non-governmental Organizations (INGOs) and local NGOs to collaborate with the programme.

The activities have been carried out primarily with the help of the Health Education Section in MOH and through district and regional level staff of MOH. This section however, is currently not functioning optimally and the staffing for Health Education at regional and district level is a very weak point in the health programme.

The NAPCP staff has carried out some training and orientation workshops for doctors, nurses and other key staff involved in IEC in the field.

Major achievements

1. The media campaign has shown altogether 48 TV spots, 464 radio spots and 272 ads in daily/weekly newspapers. The World AIDS Day has stimulated a number of articles in papers and has helped increase awareness to some extent.
2. A meeting was held recently with the major NGOs/INGOs carrying out AIDS activities. Work has started (through newspaper ads) to collect information and establish contact with, other NGOs interested in AIDS activities. In the field visits a number of examples of NGO involvement were observed, and more NGOs seem to be interested even if not yet active.
3. Some posters and other IEC material and guidelines have been produced in local languages and distributed to districts. An NGO has produced a video ("Raati") on AIDS with UNDP and WHO support. This has not yet been distributed but are made available by UNDP on request.
4. The NAPCP has begun the decentralization of activities, first in 3 districts with particular risk situations (Nuwakot, Rasuwa and Sindhupalchowk). Orientation and training seminars for the planned activities have been implemented by the District Public Health Officer (DPHO) and health post staff in these district.
5. Two experimental programmes have been launched by NAPCP in the above mentioned districts. A professional group has developed a street drama

that has been performed 14 times in villages and towns and seems to have attracted much interest. A rural extension programme used 6 trained volunteer workers (all female) to conduct house visits, carrying out education/information on AIDS and condom promotion in households with high risk behaviour. From February to October 1992 these volunteers are reported to have covered a total of 6, 212 households and given AIDS education to 19,996 persons. Another attempt at individualized information/counselling is the "hot-line" telephone now operating in the NAPCP, albeit only for two hours twice a week.

6. One region outside the decentralization districts, some training activities has also taken place, mostly for DPHOs and Health Assistants.
7. A Knowledge, Attitudes, Behaviour and Practice (KABP) study for Kathmandu has just been completed by an NGO (WIC), but the results are not yet completely analyzed. The results will most probably have to be completed by more focussed smaller studies in particular risk groups (STD-clients, prostitutes, intravenous drug users). Another NGO (SCF-US) has carried out a study on sexual practices in some rural districts, showing low knowledge on AIDS/STD and a rather high proportion of boys and girls having sexual experience before marriage.
8. The Ministry of Education is currently working on AIDS education to be included in the curriculum for secondary level students.

Major Constraints

1. The socio-cultural context of Nepal poses some major problems for effective information on STDs, AIDS, condom use etc. Women health workers are on the whole not seen as effective promoters and distributors of condoms. For instance, the six extension workers (see Achievement 5 above) were reported in 9 months to have counselled close to 20,000 persons but had only distributed 225 condom packets to 68 persons.
2. A proper IEC plan has not been developed for the whole programme spelling out the methodologies/strategies to be used, as well as measurable objectives and targets. Monitoring, supervision, evaluation are not developed. The existing infrastructure for health education is very weak point of MOH and it is not sufficient for carrying out these activities. At the district level the health staff are not clear about their roles and responsibilities and mechanisms to collaborate with NGOs and workers in other sectors.
3. The information/education material produced and distributed by the NAPCP is often not distributed further by the DPHO or the Health Assistant.
4. Apart from the few examples mentioned earlier, there are very few effective attempts either from the public health sector or from the NGOs to reach the groups with high risk behaviour (sex workers, IVDUs, migrant

workers, young people) with aggressive education and with cond promotion activities.

5. The government's policy of not providing contraceptives, including condoms, to unmarried people poses great constraint and confusion in the field.
6. The health professionals still overwhelmingly perceive a need for case finding of HIV positive persons to be the basis for targeted interventions, and the inherent drawback of this approach is not sufficiently appreciated by decision makers.
7. NGOs have in the past not had sufficient access to AIDS information fr the NAPCP, and they do not have sufficient resources to mount effective educational activities for their target groups.
8. Apart from the Ministry of Education, other sectors are still not at all involved in information activities, and no priority is given to AIDS in their programmes. As an example, MOH still has to pay the commercial rates to the State-owned TV/Radio for their ads. Other sectors that have to become more aggressively involved include tourism, commerce, transport, police, army, youth, social services, etc.

Recommendations:

1. IEC activities, both for general public and for specific target groups, need special attention in the second AIDS Medium Term Plan. NGOs and representatives from other sectors need to be involved in this process. IEC for STD control needs to be closely integrated with the IEC component of NAPCP.
2. The respective roles of the IEC unit in NAPCP and the Health Education Section in the MOH need to be clarified. The NAPCP and its IEC sub committee should concentrate on:
 - advocacy
 - training of trainers for all sectors including NGOs,
 - provision of core messages and guidelines to all sectors,
 - coordination with activities implemented outside the MOH.
3. The health education programme of the MOH should be considerably strengthened. In particular the DPHO should be trained in the best communication methods for the difficult issues related to AIDS and they should be best utilized in the training of the district level staff.
4. Regional level meetings with NGOs interested in IEC and counselling should be organized to facilitate information exchange and to maximize their collaboration with the MOH and with each other.
5. NGOs with innovative, ideas willing to enter AIDS information and

education activities in difficult areas and target groups should be helped, when needed, to prepare proposals and identify additional resources.

6. AIDS education needs to be rapidly implemented and teachers training will be needed for this. Also, innovative approaches to reach youth out of school need to be developed. AIDS should be included as a subject in adult literacy classes.

2.3 CONDOM PROMOTION/DISTRIBUTION

Background:

A description of the total situation in Nepal regarding condom distribution and supplies is given in Annex v.

To date, condoms have been distributed and promoted (both by MOH and NGOs) primarily as a method for family planning. The NAPCP has included promotion of condoms in its IEC material and has also provided condoms free of charge in the small pilot projects for target groups. To date it has distributed around 35,000 condoms for HIV/STD prevention through various outlet.

A condom Education/Promotion Working Group has recently been formed by the MOH. This group, which is still working on its terms of reference, consists of members from the MOH, Planning Commission, CRS (Contraceptive Retail Sales), NGOs and the donor community. A workshop is planned by NAPCP together with USAID early 1993 on how to increase the access/use of condoms for STD/AIDS prevention.

A recent UNFPA mission has assisted HMG to make estimations of the future needs for contraceptive supplies. These projections foresee a moderate rise in condoms use due to the family planning (FP) programme focussing more on temporary methods.

Major Achievements

1. There has been some promotion and distribution of condoms by the programme to risk groups, although the total coverage is still low. One pilot project with rural extension workers is commendable for its promotion activities but it has not been an effective distribution channel.
2. The collaboration with the FP programme of HMG and NGOs has expanded lately.
3. Plans are being developed with USAID for a strategy in 1993 to market condoms through CRS programme for STD/AIDS promotion.

Major Constraints:

1. The MOH Staff involved in condom promotion for the FP programme are not presently an effective channel for reaching groups at risk of STD/HIV.
2. The current policy of MOH to provide condoms only for married couples is a serious constraint.
3. The lack of an STD programme is limiting access to reach risk populations effectively.
4. There is almost no indepth research carried out on the sexual behaviour of

risk population and their attitudes to use of condoms. Planning is currently based on anecdotal information.

5. There is as yet no comprehensive plan for the condom promotion.
6. There are serious logistic problems related to the storage and distribution of condoms at the regional and district level. No effective quality control exists after the condoms have reached the central store.

Recommendations

1. A comprehensive strategy for condom promotion and distribution, involving both public and private sectors as well as NGOs, needs to be urgently developed. This strategy be aligned with, and form part of, the new multisectoral MTP for AIDS/STD control. The condom Education/Promotion Working Group should be given primary responsibility for this, in close cooperation with the NAPCP.
2. More research is needed into the sexual behaviour and attitudes of the high risk populations. These data are needed to assist NGOs and field workers to design optimally targeted programmes for these groups.
3. The Social Marketing programmes such as CRS should be encouraged to continue its plans to develop and implement a condom promotion/distribution strategy for STD/AIDS prevention and should form a part of the above strategy/plan.
4. The NAPCP should build up its information systems regarding condom distribution and use as well as STD incidence, so that these indicators can be used to evaluate progress of the above strategy as well as targeted IEC interventions.
5. Condoms must also be promoted and distributed for STD/AIDS prevention.

2.4 PREVENTION AND MANAGEMENT OF SEXUALLY TRANSMITTED DISEASES (STD)

Background

The Government's STD programme is extremely weak, it consists overwhelmingly of clinic-based approach based on diagnosis and treatment by STD specialists. The majority of the affected population is either self-treated or through untrained health workers or traditional practitioners. Education and prevention against STDs has not found a place in the HMG's health infrastructure. There are 18 STD specialists in Nepal, and all but three of them are concentrated in Kathmandu Valley. In Kathmandu, most of the specialists work in one hospital. In spite of free examinations, the clientele in the hospital is every low. The nature of STD makes most of the patients to seek services of private practitioners. The consensus is that only about 10 per cent of the STD patients are being seen at the hospitals, and the rest seek treatment and cure at the private clinics. In addition, there is probably a large portion of the population in rural areas that do not have any access to treatment.

As elsewhere, STD is prevalent throughout Nepal. In fact, the lack of education, treatment facilities as well as poor genital hygiene has made STD more prevalent. It has been estimated that STD prevalence in Pokhara and Kathmandu is ten times higher than in the rest of the country. In the light of the link between STD and HIV infection, these statistics have measure implications for public health. The frequency of sexual contact, inadequate detection and treatment of STDs, and lack of genital hygiene, all have a role in the spread of STD. The risk attributable to each of these variables is not known.

At the village level, STDs are being treated symptomatically by health-workers at the health post and by traditional practitioners. Pharmacy personnel also are involved in providing treatment, while a significant number of patients are self-medicating themselves. Often these treatments are improper and inadequate, and even speed up the development of drug-resistant strains. The Government has provided the post of an STD and skin disease specialists at the zonal level hospitals. But these posts obviously have not been filled as there are only three STD specialists outside Kathmandu: one in Nepalgunj and two in Pokhara. At the district level and below, there is no trained manpower anywhere in the country. Proper diagnosis and treatment of STD is therefore an exception rather than the rule for most of the Nepali population.

Major accomplishments

1. No study has been done on prevalence of STD. No specific or integrated facilities have been provided on a country-wide basis, and so facilities for dealing with STD are limited to 2-4 cities. Thus, accomplishments any note have yet to be achieved.
2. International donors have been identified (primarily FEC) that are interested in supporting the STD programme, and the control of STD is now

gradually being seen as a priority by the Ministry of Health.

3. The formation of the STD Sub-Committee to advise the National AIDS Prevention and Control Programme on technical and operational matters is encouraging. But this Sub-Committee has yet to start real work.
4. VDRL screening of blood is performed at the blood banks prior to transfusion. Although not a part of the NAPCP, this helps safeguard patients against syphilis to some extent.

Major Constraints

1. The lack of a STD programme itself can be considered the major constraint.
2. There have been no clear-cut policy or mechanisms to provide guidelines on treatment of STD based on syndromic approach to those who provide treatment at the peripheral level. Neither is there any guideline on how to involve peripheral level health professionals in effective service delivery and to provide them with drugs for proper treatment and case management. At health-post as well as district level, adequate staff are not in a position to provide proper diagnosis and treatment of STDs. The available manpower have not been trained in STD prevention or management. Untrained health manpower and quacks are still providing treatment to clients without knowledge of optimal case management and appropriate choice of drugs.
3. Drugs for STD treatment are not available in adequate amount in the hospitals and health-posts, which is partly responsible for patients seeking advice at private clinics instead of government facilities.
4. Whatever STD work is being done is limited to diagnosis and treatment, and there is total absence of the prevention component, including condom promotion and health education.
5. No scientific data are available to clearly establish the prevalence and trends of STD in the country, so any achievement by future programme will be difficult to quantify.
6. STD remains a taboo subject in the country generally and the health information system has been unable to tackle this major social hurdle in effectively tackling STD as a public health problem.

Major recommendation

1. A functioning and practical STD programme has to be set up and implemented at all levels: national, regional, zonal, district, health-post, village development committee and ward level. The programme has to be comprehensive and tailored to each level and it needs to be integrated with AIDS Control activities. Health-posts should act as referral centers where treatment should be provided. At the VDC and ward levels, information/education and condoms should be provided. Adequate supply of relevant drugs and condoms at the different levels should be provided.

2. For a STD programme to be effective, the importance of supervision at all levels is paramount.
3. Health care workers at all levels must be trained in STD prevention and management. Guidelines already developed for this purpose must be used and also disseminated to health workers, including those in the private sector.
4. Health education and the provision of condoms for the prevention of STDs should be an integral part of the STD control programme. Condoms provided now primarily for family planning purposes, should be aggressively promoted for STD control programme. And there should be no bar for unmarried people to obtain condoms. A coordinated approach between the family planning and STD/AIDS Prevention bodies is essential. Existing hurdles in coordination must be overcome.
5. Policy makers should be informed about the link between STD and HIV and its implications. The Government should take urgent steps to provide necessary support for activities related to STD prevention and control.
6. Anti-microbial susceptibility studies should be performed periodically in order to monitor the implementation of proper guidelines. In addition, surveillance of STDs should be an integral part of the STD prevention and control programme. Some baseline data is absolutely essential.

2.5 TARGETTED INTERVENTIONS

Background

Prostitution and drug addiction in Nepal are two issues which have not been paid attention by the government and NAPCP. However, and according to various sources, the number of Nepalese sex workers are estimated to be in several thousands in Nepal and tens of thousands in India. The number of drug addicts range from 25000-30000, out of which 20-25% are possible injectors.

Some individuals in these two groups are already HIV infected, which has led to the widespread idea within the Nepalese population that the sex workers and the drug addicts are responsible for the dissemination of the virus in Nepal.

Major achievements

The interventions among these two groups are only the concern of some NGOs engaged in rehabilitation, education and harm reduction programmes.

Major constraints

The prostitutes and the drug addicts have been stigmatized particularly since the HIV infection was reported. In the early stage of the epidemic, under the pretext of being HIV positive some of them were denied entrance to hospitals and treatment centers.

Confidentiality, in the HIV/AIDS context, is not strictly observed. Names and addresses were asked before HIV testing in health institutions. And this in some instances led to publication of identity in the newspapers.

As a result of the limitation of the health delivery services, counselling, STD programmes and condom distribution has not reached this group. NAPCP has yet to play its significant coordinating and leading role to provide guidance to the NGOs working in this field.

Due to above constraints, these two groups want to be approached only by social workers and NGOs.

RECOMMENDATIONS

1. The review team recommends that NGOs and social workers should have the key-role to work on the prostitution and drug use issues since various experiences, in Nepal and abroad, have already shown that the government services are not the appropriate structures to approach these two groups.
2. The reality of prostitution and drug addiction problem should be recognized and every effort should be made to approach these groups through NGOs and social workers focussing on the educational aspects rather than on the repressive one.

3. The review team recommends that the Ministry of Health enhance access to drug treatment facilities and detoxification centres in Nepal for the drug addicts.
4. The review team recommends that NAPCP should tackle the confidentiality issue by creating awareness not only among the health profession but also in the media.
5. The review team recommends the NAPCP to take an active role in coordinating and collaborating with the NGOs.
6. The review team recommends the NAPCP to disseminate appropriate guidance on how to reach and educate prostitutes and their clients through peer counsellors. Targetted interventions among injecting drug addicts should be implemented in order to educate them on the HIV/AIDS related risks, on the proper use of condoms and on how to clean needles. All targetted intervention projects must consist of health education, condom promotion, diagnosis and management of the STDs.
7. The review team recommends the NAPCP to study the socioeconomic factors leading to girl trafficking in the country and to advocate appropriate recommendations. A study should be undertaken on the male sex work and on homosexuality in Nepal.
8. The review team recommends that NAPCP should take part with the Ministry of Health and various donors (UNFPA, USAID) in the organization of a good condom distribution system for the target groups such as female sex workers and drug users.
9. The review team recommends NAPCP should plan to set up voluntary HIV testing centres in each region of the country.
10. The review team recommends that both NAPCP and the donor community should provide all the needed assistance to the NGOs willing to work on the prostitution and drug addiction issues.

2.6 BLOOD SAFETY INCLUDING HIV LABORATORY DIAGNOSIS

Background

The working estimate at present is that there are about 5000 HIV positive persons in Nepal although in reality the number could be considerably higher. It is estimated that by the end of 1991, at least 80% of the blood being used for transfusion was tested for HIV and that by the end of 1992 this figure would have risen to 100%. The current position is that all blood banks in the country have been run by the Nepal Red Cross Society. Over the years there has been a tendency to discourage professional donors and so it is expected that the 14 blood bank facilities where HIV testing is mandatory would by and large ensure that the target of 100% testing would have been attained by end of 1992. (It should be noted that in 80% of such places the blood is also tested for malaria, syphilis and hepatitis B). In the peripheral areas no blood banking facilities exist and rapid HIV testing is being used. There have been in the past 3 known cases of transfusion related HIV infection - in a maternity, accident and a renal dialysis case. In the first two cases, fresh blood untested for HIV was transfused, whereas in the third many units of blood had been used both in and out of the country. Whilst one hopes that this will not occur again because of self deferral by the donors and HIV screening.

Major achievements

1. By end of 1991, 80% of blood units is reported to be tested for HIV in the whole country, 100% in the Kathmandu area. The findings at the field visits supported this statement. Testing of "pooled sera" is being implemented in the country as a cost saving measure.
2. Sixteen hospitals now have laboratory facilities for HIV testing. These and the blood banks have adequate supplies of test kits.
3. Policy on use of only voluntary blood donor is on the whole effectively implemented. Self-deferral system is being introduced.

Major constraints

1. As the total amount of blood requirement increases, the number of blood to be screened for HIV infection will rise, resulting in a large expense which will have to be borne by the government.
2. With mandatory testing, the donors who enquire or who so desire are currently being told their status regarding HIV infection. This may be hazardous for the blood banks because persons at high risk may choose to use blood banks to know their HIV status and also the possibility that a few of the really infected blood may show up as HIV negative because of the blood donation occurring during the "window period". This practice should therefore be discontinued.
3. No voluntary testing facilities are currently available, neither are any pre-test and post-test counselling services.

Recommendations

1. A programme should be developed for training of health workers on the rational use of blood and of the necessity of taking alternative measures eg. prior treating of anaemia with iron etc.
2. HIV testing facility in the Blood Banks should be restricted only for screening of blood donors. Results of such tests on the blood should not, as recommended by WHO, be communicated to the donor.
3. HMG should plan to set up voluntary HIV testing facilities, with pre and post counselling, separate from the blood banks.

2.7 COUNSELLING

Background

Counselling includes giving information, providing emotional, social and psychological support, the expression and discussion of feelings; and the maintenance or establishment of social support and health care arrangements. It is needed wherever clinical diagnosis of AIDS or HIV testing for individuals is carried out.

At present most laboratories and blood banks do not give out the test results to donors who request it, but they are not at all equipped to provide counselling.

Major achievements

Apart from some counselling given by the NACP staff and occasional individual initiatives by doctors or NGOs, no achievements have been reached.

Major constraints

1. People who ask for HIV-testing because of risk behaviour need to be counselled regarding their risk behaviour, the need for change and adaptation of lifestyles particularly if HIV infection has in fact taken place. So far very few persons have been trained on counselling.
2. Cultural and social attitudes limit free discussion about sex and HIV infection/AIDS. This is particularly so when male workers have to communicate with women of reproductive age or vice versa.
3. Migrant workers too, come from different parts of the country and the topography as such does not facilitate extensive health education and establishment of counselling services.

Recommendations

1. In Kathmandu and in all the five regional centres, there needs to be established some facility for voluntary testing with pre and post counselling, with maintenance of confidentiality.
2. Counselling of HIV/AIDS patients should be done in all health institutions where they are being cared for. Hospitals and other health institutions have to provide this service but they lack training and logistical support. Therefore support organisations need to be developed and strengthened.
3. A workshop to train a core group of personnel both from NGOs and health workers on AIDS counselling should be arranged in early 1993. This would be the training of the trainers. Such a core group would then train others so as to have a multiplying effect.
4. Training of health personnel, social workers and other community workers in pre- and post-test counselling, in counselling for primary prevention

and in counselling for people living with HIV and AIDS, should be coordinated.

5. Community and various rehabilitation centres should be supported in order to provide assistance to people involved in high-risk behaviour and HIV-infected persons.

2.8 CARE INCLUDING CLINICAL MANAGEMENT

Background

There was a concept that one of the hospitals would be identified as a centre for the treatment of AIDS cases. Now it has been agreed that all health institutions will provide necessary service to HIV/AIDS cases. Similarly any patient who tests HIV positive will have similar access to treatment like any other patient for their primary disease. AZT is not on the Essential Drug List of the country but as it is to be shortly manufactured in India, it might become more easily available. Other drugs needed to treat opportunistic infections and for symptomatic relief are in principle available but may in reality be difficult to afford.

There are so far only 13 cases of clinical AIDS diagnosed in Nepal. Most of the patients with AIDS or HIV infection have so far been managed at the Teku Hospital. Similarly cases have also been treated at the four major hospitals of the valley viz. Bir, TUTH, Prasuti Griha and Patan hospitals.

HIV positive patients once they have come to hospital have often been referred to the NAPCP for counselling.

Major achievements

1. Policy decision has been made in 1992 not to have special beds for HIV/AIDS cases. All major hospitals have agreed to accept such cases and this now seems to function rather well.
2. Clinical criteria has been developed for clinical management purposes.
3. An attempt at counselling of HIV positive persons at the health institution itself is being done in some places. However this is the exception rather than the rule.
4. The Institute of Medicine is currently engaged in the training of various levels of health worker eg. Basic, Middle and Higher level. The last category consist of both under- and postgraduates. The training itself includes both basic and continuing education. HIV infection and AIDS are integrated in the curriculum of the various types of health workers. The various teaching/learning materials that have been developed or are in the process of being developed also include HIV/AIDS. Not many personnel have however been trained in AIDS case management.

Major constraints

1. Behavioural attitude of the population and of those responsible for the clinical care is still to stigmatize the HIV positive patient. There is still

reluctance among clinicians to accept and treat patients with HIV.

2. There are presently no guidelines on clinical management.
3. No focal point to plan and implement care-related activities has yet been identified.
4. Breach of confidentiality is a problem.
5. Support services ie. needles, gloves are not available in many health facilities.
6. There is inadequate supervision/monitoring of the various grades of health workers after their basic training. The lack of training/orientation for the professional health workers is considered to be an important barrier to the implementation of genuine HIV prevention activities. Training materials eg. videos/slides on AIDS cases are also not available in adequate quantity.
7. All hospitals at present are not capable of carrying out the task of counselling their patients on HIV/AIDS. This should not be seen as the responsibility of the NAPCP.
8. Lack of proper understanding among Hospital staff on safety at workplace is a constraint. They should be educated and trained to understand that HIV testing is not the solution for protecting staff and other patients against transmission.

Recommendations

1. Training of health workers in the country on the AIDS care aspects should be included in the medical and nursing education curriculum and as a part of any medical education activity.
2. Overall supervision and the monitoring system should be strengthened. Existing resources should be utilized for upgrading practices regarding "universal precautions". Also awareness must be raised amongst administrators and health workers that the practice of universal safety precautions in itself will be sufficient to protect against HIV infection and that HIV testing of hospital patients for the sake of protection of staff is not an appropriate strategy.
3. All patients with HIV should have similar access to medical care as those without HIV infection.
4. In view of the expected rise of tuberculosis cases related to HIV infection it would be advisable for the Ministry of Health to strengthen the existing tuberculosis control programme and review and expand its multi drug therapy policy.

2.9 HIV & STD SURVEILLANCE

Background

The first case of AIDS was diagnosed in Nepal in July 1988 in a tourist. The same year a Nepali woman who had worked in Bombay as a prostitute was identified with AIDS. In Nepal number of AIDS cases and HIV infections are increasing annually. As of late 1992, a total of 89 persons with HIV infections have been reported. After the establishment of AIDS prevention and control project in Nepal some activities are being done to assess the magnitude of the problem in the country. The objectives of HIV/AIDS surveillance is to monitor trends in HIV infections over time. These include seroprevalence surveys on ad-hoc basis and sentinel surveillance. For sentinel surveillance, certain criteria were taken into consideration for the selection of the sentinel sites of two distinct population (high risk and low risk) groups. Eight sites were chosen for the purpose of sentinel surveillance and these are :

- | | |
|------------------|------------|
| 1. Kathmandu | 2. Nuwakot |
| 3. Sindhupalchok | 4. Sunsari |
| 5. Kaski | 6. Banke |
| 7. Rupandehi | 8. Kailali |

Some minor modifications in the sample size were made for easy collection of sera. Sample collection will be done twice in a year (6 months apart) in April and November.

Major Achievements

1. Sentinel surveillance has been initiated during 1992 at eight sites and is carried out on a 6-monthly basis using unlinked anonymous testing methodology. Two rounds have so far been completed. Surveillance is being extended to two more sites in 1993.

Major constraints

1. Health workers at sentinel sites have not been trained on sentinel surveillance. Project staffs are still making visit to sentinel sites instead of using existing staff.
2. No precise mechanism has been developed to collaborate with NGOs in carrying out surveillance activities among persons at high risk of HIV infection.
3. Surveillance for other sexually transmitted diseases is currently non-existent.

Recommendations

1. Sentinel surveillance should be carried out at regular intervals giving due emphasis on appropriate sample sizes. Various risk behaviour groups, e.g. STD patients, sex workers and injecting drug users should be included.

Sentinel surveillance data should be used for advocacy purposes and for estimation of HIV infection.

2. Blood collection and testing for HIV surveillance should be carried out by the staff at each site chosen for sentinel surveillance. They should be trained for this purpose.
3. The steps should be taken to establish surveillance for STD and T.B. in order to monitor the trends. Data available from blood banks and other sources on HIV test results should also be analyzed to assess the HIV situation in the country.
4. Testing, where appropriate, must be carried out in an anonymous manner. Many groups can however be tested for practical reasons only in voluntary confidential manner. Strict confidentiality should be maintained of the persons who have tested HIV positive.
5. To reach groups such as prostitutes and injecting drug users, the involvement of NGOs should be encouraged and supported.

2.10 INVOLVEMENT OF NGO'S AND PRIVATE SECTOR

Background

Social Service in Nepal has been going on through centuries by way of various Guthis or Trusts for the benefit of community in which they lived. These have been in various fields.

In 1977, the Social Services National Co-ordination Council (SSNCC) was formed under the Chairmanship of Her Majesty the Queen with the objectives of rendering service to the needy people throughout the kingdom. The number of nongovernmental organisations then was very few. Recently the SSNCC has been renamed the Social Welfare Council. Now there are over six hundred non-governmental organisations (NGOs) and international organisations which are working under its fold.

The main objective of all these NGO's and the private sector is to render service in the real needy areas, to upgrade the socio-economic condition of the community through different activities such as literacy, health, sanitation and income generation programmes and also to create mass awareness. Presently, there are above 30 NGOs working in the health area and a few of them are actively involved in AIDS prevention activities.

Major Achievements

A) A large number of NGO's work in the field of health. Most of the local youth clubs are interested to work in their surrounding areas. An increasing number of NGOs are now participating in AIDS prevention activities. Some of these are:

1. Nepal AIDS Support Organisation (NASO)
2. Resource Centre for Primary Health Care (RECPHEC)
3. Just Say No (Nepal)
4. Forum Against AIDS, Drugs and Social Evils (FADS)
5. ABC Nepal
6. Women's Inspiration Centre (WIC)
7. Addiction Relief Society
8. Life Saving and Life Giving Society (LALS)
9. Community Health Development Centre (SASWIC)
10. Women Rehabilitation Centre (WOREC)
11. Nepal Red Cross Society (NRCS)
12. Family Planning Association of Nepal (FPAN)
13. Save the Children Fund (USA)
14. Sarwanam (Road Drama Group)
15. Action Aid
16. Himal Association
17. Jaycees

The above NGOs mainly deal with drug use and AIDS.

B) Two NGOs have recently been granted WHO/GPA Partnership grant in an international competition for carrying out projects on AIDS prevention.

- C) Recently two committees-NGO Steering Committee and NGO Coordination Committee have been established to support and coordinate NGO activities on AIDS prevention.
- D) Some NGOs are using innovative methods of communication including traditional folk medias which are very popular with the masses.

Major Constraints

1. NGOs have limited resources both in terms of materials and finance.
2. Most NGOs working on AIDS are new and technically not strong. They have not received any guidelines from NAPCP.
3. There is in general a lack of coordination among NGOs themselves and among NGOs and NAPCP.
4. Lack of technical capacity and skills among NGOs particularly on issues related to drug injection, sex and STD have led them in not being involved to a great extent on targetted interventions for population at risk i.e. female prostitutes and IV drug users. In addition, there is much duplication of activities including in the development of health education materials.
5. There is inadequate monitoring and supervision of project activities.

Recommendations

1. NAPCP should encourage NGOs' participation in AIDS Prevention efforts and take appropriate steps to provide technical assistance and health education materials besides financial support.
2. NAPCP should take initiative to strengthen NGOs' capabilities through training on HIV/AIDS including formulation of project proposals. A variety of mechanisms could be used including workshops, project visits, guidelines etc.
3. NAPCP should provide guidance to NGOs in identifying appropriate fields and activities for NGOs and should actively discourage NGOs' involvement in HIV testing except in collaboration with NAPCP for sentinel surveillance purposes.
4. An NGO focal point at national level for AIDS activities should be established to review NGO project proposals and monitoring of project activities. In addition, the two NGOs committees could assist in these areas. The structure and function of these committees must be publicized as widely as possible. The social welfare council in collaboration with these committees could function as focal point for national level NGO coordination.
5. NAPCP should provide support and guidance to the NGOs on continuing basis. The project should exploit to the fullest extent the links that NGOs have with groups vulnerable for HIV and implement targeted intervention in these

groups. Appropriate communication channels should also be established for exchange of information among NGOs and between NGOs and NAPCP.

6. All projects carried out by NGOs must conform within the overall national guidelines and policies and should be developed within the framework of the multisectoral national medium term programme soon to be developed by HMG.

ANNEX 1

EXTERNAL REVIEW OF THE NATIONAL AIDS PREVENTION AND CONTROL PROJECT

TEAM MEMBERS

1. Dr Bal Gopal Baidya - Chairman
Hon'ble Member,
National Planning Commission
2. Prof. Hemang Dixit - Member
Institute of Medicine
3. Dr Mahendra Bdr. Bista - Member
Epidemiology Division, MOH
4. Mr Shiva Chandra Pd. Jaiswal - Member
DPHO, Rasuwa
5. Mr J.R. Giri - Member
MOE & C and Social Welfare
6. Ms. Ambika Maiya Shrestha - Member
Social Welfare Council
7. Dr Shanta Dixit - Member
UNDP
8. Dr M. Brissot - Member
SDC/Nepal
9. Dr David A. Oot - Member
USAID
10. Dr K.G. Edstrom - Member
GPA/WHO, Geneva
11. Dr J.P. Narain - Member
WHO/SEARO
12. Representative - Member
EEC

ANNEX 11

EXTERNAL REVIEW
NATIONAL AIDS PREVENTION AND CONTROL PROJECT
NEPAL

Terms of Reference

- To analyze the relevance and adequacy of the AIDS Prevention efforts including existing policies;
- To assess the adequacy and appropriateness of the structure of the National AIDS Prevention and Control Project;
- To assess the adequacy of the programme management information systems;
- To assess plans for the evaluation of programme effectiveness and impact;
- To identify constraints in implementing the programme, and to make recommendations on how to resolve such constraints;
- To analyze the relevance and adequacy of current plans and policies in view of the current and expected realities and extent of HIV/AIDS problems;
- Analysis of the efforts to sustain programme activities, such as provision of health education, STD prevention, and condom promotion.

Following from the above Terms of Reference the programme review should :

- Suggest ways to improve the effectiveness of planning and implementing AIDS control activities;
- Suggest ways to ensure sustainability of programme achievements and institutionalization of programme infrastructure and financing.

15 December, 1992:

- 10.00: Assembly at meeting site
 - Group A: STD Programme Meeting with Dr R.K. Shrestha
 - Group B: Blood Safety & Lab. Diagnosis (HIV) Dr C.D. Shrestha and Dr R. Singh
- 12.00: Lunch
- 1.30: Meeting with Local NGOs
 - (at 1.45 selected members to attend UNFPA debriefing meeting on condom logistics)
- 4.30: Review Team Meeting

16 December, 1992:

- 10.00: Meeting with Condom Promotion Steering Committee
- 11.00: Review of materials provided to the team
- 12.00: Lunch
- 1.00: Meeting with INGOs
- 3.00: Group A: Injecting Drug Use
 - Group B: Counselling
- 4.30: Review Team Meeting

17 December, 1992: Field visit

18 December, 1992: Field visit

19 December, 1992: Field visit

20 December, 1992:

- 10.00: Report writing
- 12.00: Lunch

21 December, 1992:

- 10.00: Debriefing with Secretary of Health
- 11.00: Finalization of Report.
- 12.00: Lunch

22 December, 1992:

- 10.00: Consensus meeting (See Annex viii)

23 December, 1992:

Meeting of Review Team with interested parties.

ANNEX 1v

FIELD VISIT REPORT IN BRIEF
MELAMCHI/SINDHUPALCHOWK DISTRICT

TEAM MEMBERS Dr M.B. Bista, Ms Ambika Maiya Shretha

18 December 1992

- Visit to Ilaka Health Post on way to Melamchi and met with Health Post Incharge and other staff
- Visit to Melamchi and met with community leaders, teachers, political workers and local NGOs.

General Impressions:

- Overall management done by the health post staff was satisfactory.
- Active community participation was noticed in the health post area.
- Works on AIDS prevention and control programme is carried out satisfactorily with co-ordination of health post staff, local people and NGOs since 2048 B.S.
- A pressure group was formed through the initiation of ABC Nepal and local people. The objective of the group was to help AIDS prevention and control programme. One girl with HIV infection was rehabilitated by this pressure group.
- The pressure group was found actively involved in the prevention of girl trafficking.
- However, some comments were made by the local people. For example, the pressure group is in need of full time staff and other resources. Leadership type training is necessary. Workshops, orgnized through local organisation will be more effective. AIDS prevention and control project, should run/support training programme for the local people. Screening faacility should be available for interested groups. Local people should be trained in the health education activities. The Female health extension worker hired by the project is finding difficulty for condom promotion.

Health Post:

The health post is clean. Two trained nurses are utilizing their skills for sterilizing instruments. The health post also provides health education and raises cost of medicine from the patients.

As health post is near to Kathmandu no specific record of STD cases being kept. Overall management done by the Health Post staff was satisfactory. They are receiving literature of AIDS regularly.

Non-governmental Organisations and other agencies

Works on AIDS prevention and control programme is carried out satisfactorily with coordination of local people with NGOs, eg. ABC. A pressure group was formed through the initiation of ABC/Nepal and local people.

Specific recommendations following field trip

- AIDS Prevention and Control Project should further run/support training programme for the local people/support programme.
- Local people should be trained in the health education activities.

FIELD VISIT REPORT (contd.)
NEPALGUNJ/BANKE DISTRICT

Report of team comprising of three members of the review panel, viz, Dr J.P. Narain, Dr M. Brissot & Dr S. Dixit to Nepalgunj (17-20 December 1992).

On arrival it was about 2.00 p.m. and the team was met by Dr G. R. Shakya, Mrs Boulter, and Mr N. Singh from the DPHO.

17 December 1992 - First Day

Visit to the District Public Health Office at Nepalgunj. Met with Mr. Narendra Nath Singh (Acting DPHO) as well as Dr G.R. Shakya STD specialist at Bheri Zonal Hospital as well as the president and founder of an NGO called 'NSARC'.

- The District Public Health Officer had just retired, and there was no replacement.
- An overview of the various activities at DPHO was given by Mr Singh, the acting DPHO:
- * The general impression was that it was difficult for the DPHO to co-ordinate all the activities of the vertical programmes that are formulated at the center by the different chiefs of division. Each had a separate budget, a separate mandate and a separate training period.
- * There appears to be no clear cut hierarchial system in the health sector for supervision as well as accountability. For example, the information and data from the various health posts ends up at the Public Health Division at the center, whereas the data from the hospitals at the Epidemiology Division. There is no clear cut channel by which the Chief of Public Health Division and the Epidemiology Division Communicate.
- * Lack of transport facility makes it difficult for the DPHO to provide adequate supervision at the health post level.
- * A silent rally was organised by DPHO on World AIDS Day. Dr Shakya's NGO is eager to work on the AIDS field. He is overseeing the sentinel surveillance for HIV in the hospital.

In the evening the team visited the Gagangunj red light area where the Badi community resides and had a brief talk with some of the members.

18 December 1992

The team split up into two groups for the first few hours

in the morning. One went to visit the health post, and the other met with local NGOs.

Visit to Khaiura Health Post (9 Km from DPHO)

- This health post was among the more active ones in Nepalgunj. The staff were in place, and they had electricity. They had easy access to telephone as well as transport.
- The health post incharge stated that they had been provided no guidelines or information on AIDS prevention and control. They did not feel good in not being involved in the World AIDS Day rally.
- There is the will and eagerness to take part in the AIDS Prevention and Control Programme. But the Health Post Incharges stressed the need to provide additional support. The support could take the form of training, health (AIDS) education material as well as, if need be, manpower.
- At the time of our visit, there was not a single condom at the health post, and they did not know since when the supply had run out.

Visit with NGOs

- Discussions were held with members of the Nepal STD/AIDS research centre, an NGO based in Nepalgunj. Dr Shakya is the Chairman and membership of the NGO also include 5 from Badi community. The activities include creating awareness through bicycle rallies and providing condoms to STD clinic patients as well as to members of Badi community. Dr Shakya is a dedicated member and conducts free clinics for public every Fridays and Saturdays. They do not have any source of funds and require support from NAPCP.
- Also discussed with an NGO called Women's Welfare Society. It is a 4 month old NGO with only 11 members. Their agenda is to "change" Badis and rehabilitate them through alternative income generating opportunities.

11:30 AM Visit to the Blood Bank

- The blood bank was reasonably well stocked with blood from replacement donors as well as voluntary donors. There are about 12-14 donors on average every day.
- VDRL test was not being done at the time of the visit for

the last 5 months due to lack of reagents.

- HIV testing (Serodia) was not done in pooled blood, but on individual units. People were encouraged to donate blood because they would obtain a result. A dangerous practice as high risk donors would be attracted.
- The registry of people whose blood was being tested for HIV was not kept locked up.
- Records (other than the issue of confidentiality) were well kept.
- No HIV positive blood has yet been recorded.

1:00 Meeting with Mr A.R. Boulter of Swiss Red Cross

- Mr Boulter works in the Eye Hospital in Nepalgunj and is seriously concerned with the possibility of spread of HIV in the community.
- The Swiss Red Cross is in the process of providing support to educate/train and rehabilitate prostitutes in the Mid and Far Western regions of Nepal.

3:00-6:00 Meeting with NGO (SAFE) and Badi Community:

- SAFE, an NGO formed by Badi community is doing impressive sustainable work for the community. Their work includes:
 - * A school for disadvantaged children both in the Badi community and outside
 - * A hostel for young girls from Badi community, so that they would not be exposed to the lifestyles of their mothers
 - * A training centre focusing on sewing and needle-work has been established to give alternative source of employment for the Badi girls
 - * An AIDS awareness campaign has been launched in the community, and the sex-workers report using condoms in almost all their sexual contacts
 - * The sex-workers are provided 20 condoms at one time, and the supply replenished as needed.

The work of this NGO was very encouraging. There is a lot of good-will and eagerness in the community, and the work of this community could be used as a successful example in the AIDS prevention and control drive.

There does not seem to be too much good-will and the willingness to work together between the NGOs SAFE and NSARC. The team talked to both the groups and emphasized on the need to work together.

19 December Meeting with Industrialist Mr R. Tondon

Mr Tandon, a well-respected 74 years old industrialist was impressively well informed about the AIDS issues. He said that the private sector was willing to help the government in overcoming this problem provided the government does its part.

A survey of individuals in the market

The team talked to several people in the market, and the general feeling was that:

- People are not very well aware of AIDS, the rally held on 1 December 1992, "World AIDS Day" was the first exposure.
- People resented the Badi community, and the police were happy to re-settle them somewhere else.
- There is a great eagerness to find out more about AIDS.

Field Visit Report (contd.)
POKHARA/KASKI DISTRICT

Report of team comprising of three members of the review panel viz. Dr K. Edstrom, Mr S.C.P. Jaishwal and Dr H. Dixit to the Pokhara area. On arrival there at mid-day on the 17th December, the team was met by Dr A.K. Chaurasia who was the contact person.

17th December, 1992 - First day

Visit to the District Public Health Office at Kaski and met with Mr Soviet Bahadur Adhikari. Also met with Mrs Laxmi Malla, acting incharge of Regional Office and Health Educator. An overview of the various activities was given. The programme tentatively chalked out at the District Health Office and subsequently carried out with minor adjustments is as follows:

Visit to Illaka Health Post at Sisuwa and met with H.P. incharge.

Visit to Pokhara Industrial District and met with Chief.

scheduled visit to Ex-servicemen Pension Camp could not be carried out as doctor incharge was away.

Visit to Hermann Meiner School at Ram Bazaar and met with Vice-Principal.

Visit to Western Regional Health Laboratory and met with Medical Technologist.

Visit to S.O.S. Tibetan Village, Pokhara and met with Father.

18th December, 1992 - Second day

Visit to Western Regional Hospital and met with Regional Director, Medical Superintendent and other staff.

Visit to Red Cross Blood Bank at the Gandaki Regional Hospital premises and met with Asst. Technician.

Visit to Health Post at Karen Danda, Syngja District and subsequent meeting with Health Post incharge.

Meeting with the District Public Health Officer at Syangja district in his office.

Meeting with Health Educator at Western Regional Directorate Office.

19th December, 1992 - Third day

Meeting with NGOs and others:

Lions and Lady Lions
Father and Youth Director of S.O.S. Gandaki
Incharge of Regional Tuberculosis Centre

General Impressions:

There is the possibility that there are substantial numbers of STD cases and IVD users in Pokhara. Though some work has been done in terms of the whereabouts of this problem the reality is that the major part of this problem has to be tackled. Both the government organizations and the NGOs have really to make concentrated efforts to reach that section of the population that is not only at risk but is indulging in 'risky behaviour' due to lack of correct and adequate information. The problem is underestimated because there are not adequate infrastructure to investigate the problem and provide the services.

In the case of commercial sex workers, there really does not seem to be many organizations working at the grassroots level. We did not meet with the Women's Organizations who could be the most effective contact agency for this.

Worlds AIDS Day has been celebrated by Health Institutions, NGOs and others such as SOS Villages by putting up posters and banner, distributing pamphlets and giving talks. Local leaders were also present at the health institutions. This has not however been followed up.

Regional Directorate:

Conducted FCHV (Female Community Volunteers) workers training in which they were informed about AIDS. This is to be extended to Nutrition and Health Education workers of Pokhara Nagar Palika which is supported by UNICEF.

Lecture to community leaders on AIDS.

Regional Directorate:

Celebration of World AIDS Day every year with lectures, pamphlet distribution etc.

The health education technician, though helping in organizing activity has not been effective due to lack of training. A proper job description also needs to be laid down.

Health Posts:

They are not in the practice of changing/sterilizing the syringes after each use. They do draws up prior to injecting. The needles are however changed.

No specific record of STD cases being kept. This may be because of the proximity of the health post to Pokhara town facilities.

Condoms being supplied to married women for their husbands in lots of 30 and also to the post vasectomy patients. Manufacture date of condom is 1990.

The H.P. at Syangja is not receiving literature on AIDS and is not aware of sex workers and STD cases in the district. The health workers need training on HIV/AIDS.

Hospital facilities:

The regional hospital at Pokhara has two skin and STD specialists. They are providing only limited services for screening, treatment and counselling for STD.

There is a HIV positive female patient in the surgical ward undergoing orthopaedic treatment. She is being cared for by expatriate British staff and Nepalese doctor. The surgical team lacks facilities such as special operating gloves with reinforced fingertips to guard against needle stab injury. Also eye guards such as goggles to protect against blood spurts is not available.

The C.S.S.D. appears to have adequate facilities for sterilization.

Authorities feel that more health education of the public is needed.

Laboratory and Blood Bank:

The regional hospital has adequate laboratory facilities. Manpower appears to be currently sufficient and trained adequately. Testing kit supply is well maintained and those in use were within the expiry date.

Surveillance testing is being properly done. The team advised that the practice of providing test result should be discontinued.

Red Cross Blood Bank has policy of testing donor blood for syphilis, hepatitis B and HIV. Testing kits for HIV showed expiry dates of February and May 1993.

Non-governmental Organizations and other agencies:

Met only with a couple of NGOs - Lions and SOS Villages. Need to meet with INGOs and other NGOs working in the Pokhara area. The team felt the need to have collaboration and coordination amongst NGOs.

To increase general awareness on STD, HIV/AIDS and free condom distribution through health clinics should be attempted in industrial districts and factories.

Could not meet with the Ex-army pension camp people but the need to inform about STD/HIV/AIDS was felt. Specific campaigns for condom promotion be organized.

Education on sexually transmitted diseases, especially on AIDS should also be conducted in the schools and colleges.

Met with the Tibetan/Gurung community leaders who felt that STD/HIV/AIDS awareness activities should be increased. Currently some of this is being received through electronic media such as satellite TV.

Lions clubs as a group have been trying to identify drug users with a view to helping them.

General conclusions:

Present state is that HIV/AIDS information is not getting through adequately to grassroots level. For this purpose a regional focal point should be established at Pokhara. The information on STD/HIV/AIDS should however be part of an integrated packet which is given out by the health worker at district levels.

Specific recommendations following field trip:

A regional focal point for western region of Nepal should be established at Pokhara. A coordination committee should function at district level for specific activities.

This regional focal point can create mass awareness on HIV/AIDS by greater coordination and collaboration between different NGOs and health institutions in the area.

HIV/AIDS awareness should not be restricted to the health field but be multisectoral involving other ministries such as Home, Education, Social Services, Industry etc.

Hotels/lodges owners should establish a forum with a view to bring about concentrated all round interventions against drug use and risk behaviour in the tourism industry.

ANNEX v**Background information on total Condom Supplies and distribution in Nepal****A. Condom Supplies**

Currently, virtually all condoms available for free distribution through Ministry of Health and non-governmental organization (NGOs) outlets are financed by USAID. Beginning in 1994, it is planned that the total condom requirements needed for free distribution through the MOH will be jointly financed (50/50) by USAID and UNFPA. During the period 1990-1992, the condom requirements (i.e. distribution to clients) increased from 4,200,000 to 4,800,000. These requirements are projected to increase over the period 1993-1995, as follows:

Year Estimated Requirements

1993	5,020,000
1994	5,270,000
1995	5,534,000

In addition, the Family Planning Association of Nepal (FPAN) receives about 3.1 million condoms per annum from IPPF for distribution through their clinics and community-based distribution programs.

USAID also supplies condoms to the Contraceptive Retail Sales (CRS) Program. Sales data for the period 1990-1992, as well projected sales through 1995 are shown below:

Year Condoms Sales

1990	2,947,320
1991	4,904,000
1992	4,744,000
1993	5,693,000
1994	6,547,000
1995	7,529,000

B. Channels of Distribution**Ministry of Health**

Condoms supplied for free distribution are supplied through the Ministry of Health logistics system. A "central warehouse" for condom distribution is located in the Central Region (Pathalaya), and there are regional warehouses in Kathmandu, Pokhara, Biratnagar, Nepalgunj and Dhanagadhi. Condoms are supplied to the District Public Health Offices (DPHOs) from these regional warehouses. The District Store supplies condoms to all of the MOH facilities in the District (i.e. , hospitals, MCH centers, health posts, and sub-health posts), and to qualified NGOs active in the district. No attempt is made to determine if the condoms issued will be used for family planning or HIV/AIDS prevention.

In addition to clinic-based distribution, in some areas the MOH-trained Female Community Health Volunteers (FCHVs) distribute condoms at the village-level. Several NGOs, such as FPAN, CEDPA, and the Asia Foundation,

support and/or implement community-based distribution programs, which include condoms. All these have so far been primarily addressing FP Clients.

To date, a small quantity of condoms (about 35,000 pieces) in 1991 have been distributed by the NAPCP for the explicit purpose of STDs/AIDS prevention. These activities include the STD clinics and the rural extension project as well as some distribution points in high risk areas (focus groups and the street drama). Condoms needed for these programs are supplied from MOH stores and repackaged indicating that they are intended for STD/AIDS prevention. While adequate supplies of condoms have generally been available in-country, internal distribution of these commodities is very poor. For that reason, there are frequent shortages and/or stock-outs at all levels of the distribution system. Over the next several years the MOH, with assistance from USAID, plans to undertake a major effort to improve this system. Poor logistics management practices have included only sporadic use of first-in first-out (FIFO) principle and poor warehousing conditions. Constant monitoring of supplies has been necessary to ensure that outdated stocks are destroyed.

Private Sector Sales

Under the CRS Program, two condom products are sold through almost 12,000 retail outlets in 25 districts in Nepal. The two products, Dhaal (package of six) and Panther (package of four), are sold for Rs.2.00 and Rs.3.75 respectively. For the most part, CRS retail outlets are located in urban or semi-urban areas, with relatively little penetration into the rural market.

CRS operates their own warehousing and distribution system. Condoms are distributed using their own fleet of vehicles, full time paid regional sales agents, and a network of stockists, who in turn sell to retailers.

In addition, there is a very small commercial market for condoms largely centered in urban areas along the border with India. Generally, these products, which originate mainly from India, are priced much higher than the CRS products,

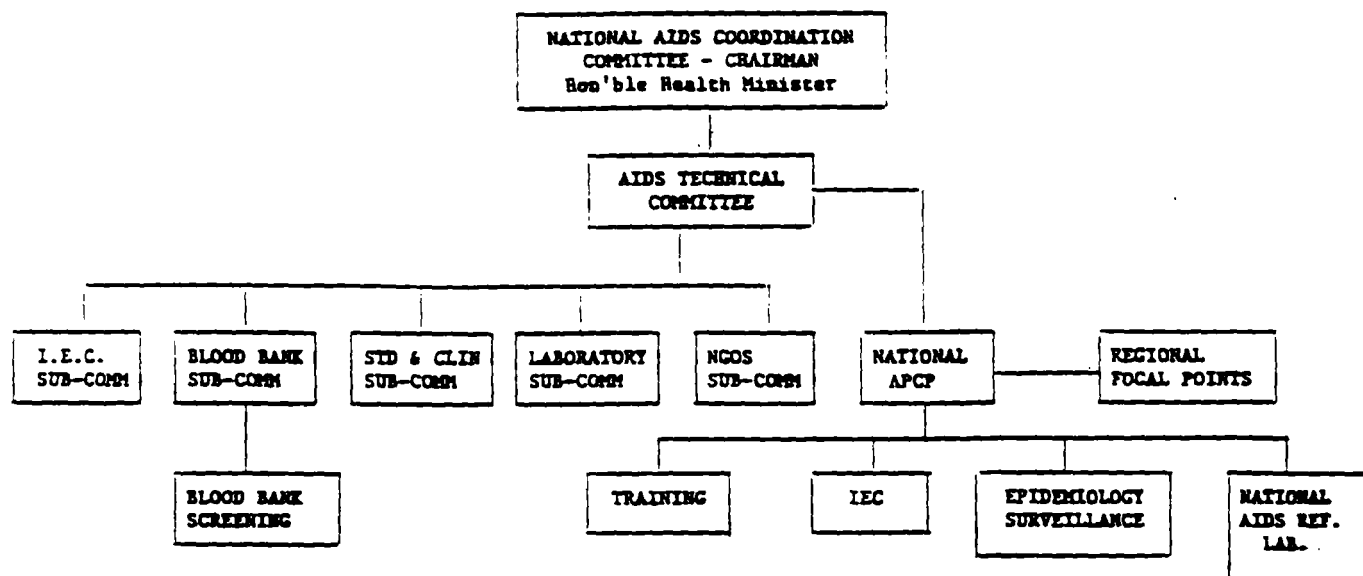
c. Quality Control

Currently, all condoms supplied by USAID are thoroughly tested by the manufacturer prior to shipment to Nepal. There have been few delays in shipment to Nepal, and generally supplies arrive in good condition. Subsequent to their arrival in Nepal, however, poor storage conditions and inconsistent use of FIFO procedures suggests that routine monitoring of condom quality should be done. Though the age of condom supplies is monitored, and an effort made to destroy outdated supplies, there is no system for routine testing of condom supplies once in-country.

The NAPCP has done batch control on the condoms they received from the MOH (FP Progr.) before distributing to STD clinics and pilot projects.

ANNEX vi

ORGANIZATION CHART OF NATIONAL AIDS PREVENTION
AND CONTROL PROJECT



ANNEX 1x

ADVISORS

1. Mr Jagadiswor Upadhyay
Ag. Secretry
Ministry of Health
2. Dr Narenda Rana
Ministry of Health
3. Dr O.T. Christiansen
WHO Representative to Nepal

FACILITATORS

1. Dr Vijaya Lal Gurubacharya
Chief
AIDS Prevention and Control Project
2. Dr Bal Krishna Suvedi
Senior Medical Officer
AIDS Prevention and Control Project
3. Dr Saroj Prasad
Medical Officer
AIDS Prevention and Control Prject
4. Mr Hari Bandi Kshatri
IEC Coordinator
AIDS Prevention and Control Project
5. Mrs Savita Acharya
Training Coordinator
AIDS Prevention and Control Project
6. Mr Kumar Thapa
Instructor
Institute of Medicine

SECRETARIAL STAFF

1. Mr Shrawan Kumar Ranjitkar
Secretarial Assistant
AIDS Prevention and Control Project
2. Mr Sanat Kumar Sigdel
Nayab Subba
AIDS Prevention and Control Project
3. Mr Bal Krishna Shrestha
Clerk/Typist
AIDS Prevention and Control Project

ANNEX A

GLOSSARY OF ABBREVIATIONS

ABC	-	Agro-forestry Basic Health Cooperation
CRS	-	Contraceptive Retail Sales
CSSD	-	Central Sterile and Supply Department
DPHO	-	District Public Health Office
EEC	-	European Economic Commission
FADS	-	Forum Against AIDS, Drugs and Social Evils
FCHV	-	Female Community Health Volunteer
FIFO	-	First in First out
FP	-	Family Planning
FPAN	-	Family Planning Association of Nepal
GPA	-	Global Programme on AIDS
HIV	-	Human Immunodeficiency Virus
HMG	-	His Majesty's Government/Nepal
HP	-	Health Post
IEC	-	Information, Education and Communication
INGO	-	International Non Governmental Organization
IVDU	-	Intravenous Drug Users
KABP	-	Knowledge, Attitude, Behaviour and Practices
MCH	-	Maternal Child Health
MOE	-	Ministry of Education
MOH	-	Ministry of Health
MTP	-	Medium Term Plan
NACC	-	National AIDS Coordination Committee
NAPCP	-	National AIDS Prevention and Control Project
NASO	-	Nepal AIDS Support Organization
NGO	-	Non Governmental Organization
NPC	-	National Planning Commission
NTV	-	Nepal Television
RECPHEC	-	Resource Center for Primary Health Care
SDC	-	Swiss Development Cooperation
SSNCC	-	Social Service National Coordination Council
STD	-	Sexually Transmitted Disease
SWC	-	Social Welfare Council
TB	-	Tuberculosis
UN	-	United Nations
UNDP	-	United Nations Development Programme
UNFPA	-	United Nations Fund for Population Activities
VDRL	-	Veneral Disease Research Laboratory
WIC	-	Womens Inspiration Centre
WOREC	-	Womens Rehabilitation Centre
WHO	-	World Health Organization

ANNEX v11

CONSENSUS STATEMENT ADOPTED IN THE MEETING
HELD ON 22 DECEMBER 1992

AIDS has by now clearly established its presence in Nepal, and the virus is rapidly spreading in both urban and rural areas. There is a real danger that, unless urgent and effective steps on a multi-sectoral basis are taken, the socio-economic development of the country itself would be compromised.

Therefore, Nepal urgently needs to mount a strong and concerted effort to control the epidemic. All major sectors of Government as well as the NGO community and the private sector must commit themselves to collaborate in this effort.

ANNEX v111

CONSENSUS MEETING AGENDA

DAY 1 (22 DECEMBER 1992)

- 10.00 - 10.30 - Registration
- Welcome
- Overview of National AIDS Prevention
and Control Project
- Dr V. L. Gurubacharya
Chief, NAPCP
- 11.15 - 11.15 - Remarks
- Dr O.T. Christiansen
WHO Representative to Nepal
- 11.30 - Remarks
Dr N.B. Rana
Chairman, Technical Committee
- 11.45 - Dr B.G. Baidya
Member,
National Planning Commission
Chairman, Review Team
- 12.00 - Lunch
- 1.00 - Presentation of Major Findings and
Recommendations of the Review
(Chairman and Members of the Review Team)
- 2.30 - Open discussion on the Major findings and
Recommendations of the Review
- 3:00 - Preparation and presentation of the
consensus statements
- 3.30 - Final Remarks
Dr R. S. Mahat, Vice Chairman
National Planning Commission

ANNEX 1x

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