Nepal Red Cross Society
HIV Programme 2008-2010

EXECUTIVE SUMMARY

1. Nepal is considered to have a concentrated Human Immunodeficiency Virus (HIV) epidemic, with an estimated 75,000 persons living with HIV and about 14 new HIV infections each day. HIV is spreading particularly fast among 15 to 39 year-olds and prevalence is expected to reach two per cent by 2015.

2. Nepal Red Cross Society (NRCS) has responded to HIV through implementing public health programmes to reduce vulnerability to HIV and its impact. This is done through three programmes and the desired results achieved: preventing further HIV infection; providing HIV care, treatment and support; and reducing HIV stigma and discrimination. Programmes have focused on youth, migrant workers and their spouses, people living with HIV, and other key population segments of the Nepal epidemic. The NRCS will further scale up its HIV response in the next three years, with a specific target to double HIV programming efforts by the end of 2010 using 2007 as the baseline year. Various activities related to the results will be scaled up over the three years of the HIV programme. The NRCS is fully committed to delivering a consistent and predictable package of services in line with the national Acquired Immune Deficiency Syndrome (AIDS) strategy, using its comparative advantage by working closely among communities, and taking into account the national society's capacities and available resources. Based on this, the institutional capacity of the Nepal Red Cross Society will be strengthened. Quality and sustainability of the HIV programme will be ensured, while accountability and the volunteer and staff support management system will be improved. Inter-departmental coordination mechanisms will be strengthened and priorities will be given to expanding partnerships to generate financial resources and technical capacity. **The Nepal Red Cross HIV programme total budget for the three-year HIV Programme is approximately CHF 5.94 million**.

3. This programme, which is a part of NRCS and a component of the Red Cross and Red Crescent Global Alliance on HIV, will contribute to the achievement of the national targets set by the national strategic plan of the government of Nepal, Global Agenda and Millennium Development Goals.

THE MAGNITUDE

4. There are about 23 million people in Nepal[1]. It is geographically diverse, divided into five development regions, 75 districts, 58 municipalities and 3,914 village development committees (VDCs). Nepal is a developing country with an annual per capita income of USD 1,490 and with 31 per cent of the population living below the poverty line[2]. The human development index of Nepal is 0.527;

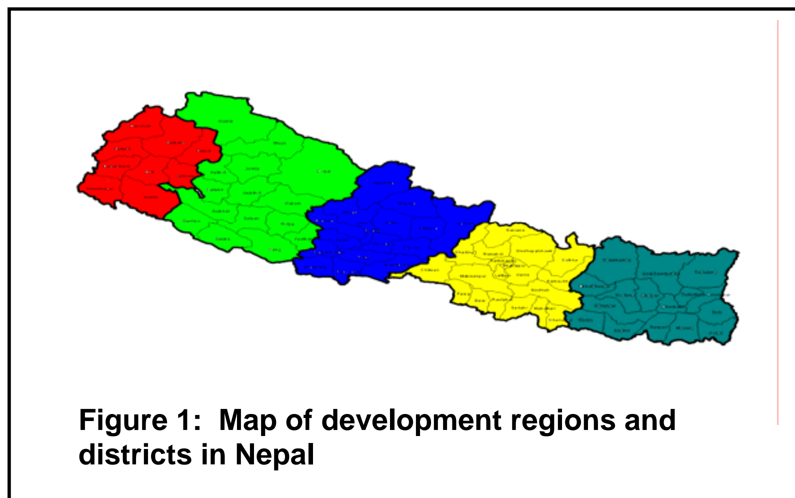


Figure 1: Map of development regions and districts in Nepal

[1] Central Bureau of Statistics, Government of Nepal, Population Census 2001
[2] Ministry of Finance, Government of Nepal, Economic Survey 2007

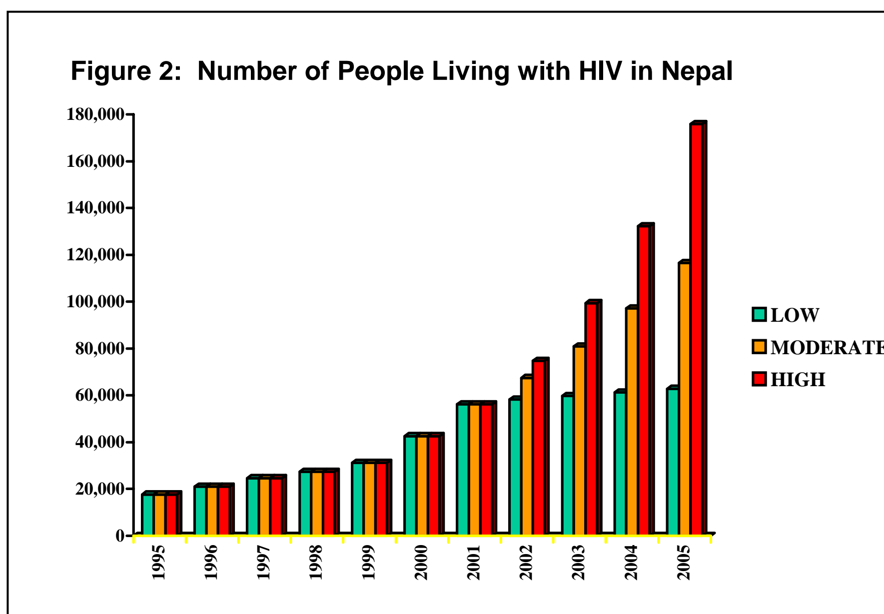
this is the lowest in the region, ranking number 138 of 177 countries globally.

Table 1: Key population segments in Nepal at heightened risk of HIV

Segments at higher risk	Total	% of total cases
IDUs	6,493	9.2
MSM	2,517	3.6
Sex workers	1,118	1.6
Clients of sex workers	13,595	19.4
Seasonal labour migrants	32,341	46.0
Sub total	*56,064*	*79.8*
Population segments at lower risk		
Urban female low risk population	1,886	2.7
Rural female low risk population	12,306	17.5
Sub total	*14,192*	*20.2*
Total estimated people living with HIV	**75000**	

5. Nepal has experienced a steep increase in the number of people living with HIV. The estimated number of people living with the Human Immunodeficiency Virus (PLHIV) is about 75,000[3]. Cumulative deaths due to AIDS up to July 2008 amounts to 495[4]. HIV is spreading particularly among 15 to 39 year olds and AIDS is now a major cause of death within that age group. Prevalence is expected to reach 2 per cent by 2015[5]. Most recent national estimates of PLHIV indicate that seasonal labour migrants, followed by the clients of sex workers and rural low risk women represent the majority of the reported total number of PLHIV (National Centre for AIDS and Sexually Transmitted Diseases Control (NCASC) / United Nations Programme on AIDS (UNAIDS) / World Health Organization (WHO) / Family Health International (FHI) 2006). Nepal has entered the concentrated epidemic stage, with an HIV prevalence consistently exceeding five per cent in one or more high risk groups, including sex workers, their clients, and injecting drug users (IDUs). Stigma is still a significant barrier for HIV prevention, care, treatment and support. Stigma is also linked to gender inequity and affects women - HIV exacerbates this. UNAIDS predicts that without effective treatment and care programmes, AIDS will soon claim the lives of between 10,000 to 15,000 Nepalese per year.

Figure 2: Number of People Living with HIV in Nepal



[3] National Centre for AIDS and STD Control 2008
[4] National Centre for AIDS and STD Control 2008
[5] UNAIDS 2005

THE IMPACT

6. HIV infection continues to spread because of high levels of high risk behaviours: such as, low or no condom use, particularly where there is paid for or transactional sex; multiple partner relations, and shared needles during drug use. In Nepal, mobile populations are particularly vulnerable to HIV. There are a significant number of highly mobile people within the country and in border regions especially India. A large number of young Nepalese girls are forcefully recruited and trafficked to brothels in Indian cities. Similarly, many Nepalese males work in India as seasonal workers in homes, factories, and other places. Children are also affected by HIV; the media reports that there is an increase in school drop-out rates and the numbers of orphans and vulnerable children (OVC). As such, HIV related stigmatization affects PLHIV participation in local development activities.

7. To date, the key populations reached by prevention programmes launched by governmental and non - governmental organizations (NGOs) are: female sex workers (FSW) 35.2 per cent (of all FSW), injecting drug users (IDUs) 8.6 per cent, migrants 0.04 per cent and men who have sex with men (MSM) 5.4 per cent. A demographic study indicates that only 20 per cent of women and 36 per cent of men aged 15 to 49 years have adequate knowledge of HIV prevention and transmission[6]. The latest available data indicates that only 418 HIV positive men and women are receiving anti-retroviral therapy (ART), from 15 ART centres.

8. HIV is regarded as a disease brought on by poverty in affected rural areas that has a significant impact on households and communities. High community impact has caused the government to divert scarce resources from development activities to HIV and health care. The cost of serious illnesses such as AIDS is a major generator of poverty. For the national society, money is stretched due to the incidence of disease in the community, as this also tranlsated into fewer people working shorter hours. Thus, HIV poses a threat to development and poverty alleviation efforts in Nepal. The impact of HIV in Nepal threatens this generation as well as future generations.

POLICY ON HIV

9. The Nepal Red Cross Society (NRCS) HIV Programme is a part of the Red Cross and Red Crescent Global Alliance on HIV. The **purpose of our programme** is to reduce vulnerability to HIV and its impact in Nepal through achieving the following outcomes (or results):

- preventing further HIV infection
- expanding HIV care, treatment, and support
- reducing HIV stigma and discrimination; and

Supported by a fourth outcome:

- Strengthening Nepal Red Cross Society capacities to deliver and sustain scaled-up HIV programme

10. The NRCS works in accord with the established principles of the Red Cross and Red Crescent Movement to support national HIV policies and programmes. The specific scope of the activities in this programme has been developed in coordination with the National Centre for AIDS and STD Control (NCASC), ministry of health & population, government of Nepal, and synchronized with tasks agreed under international assistance arrangements in Nepal, including working with UNAIDS and other UN agencies, NGOs, civil society groups, and donors. The NRCS is guided by its HIVAIDS strategy (2004- 2008) and its five year operational plan (2006- 2010).

[6] Nepal Demographic and Health Survey 2006

TRACK RECORD AND LESSONS LEARNT

11. Nepal Red Cross Society (NRCS) started the first HIV prevention programme in 1994 in to reduce the spread of HIV in Nepal. As described in the NRCS' fourth development plan (2003-2007), NRCS health policy 2005 and strategic plan (2006-2010), and the HIV/AIDS strategic plan (2004-08), HIV is a major priority area and comes under health and care in the community core area. NRCS' HIV programming has focused on: targeted HIV prevention; care, support and treatment; safe blood supply; and management and institutional capacity building. The NRCS has committed to minimize the burden of HIV nationally through various activities and mobilizing district chapters, 1,022 sub-chapters, 909,504 members and about 700 professional staff. NRCS' HIV programmes are listed in the table below.

Table 2: NRCS' HIV programmes (2007)

Programme, *funding source* and department	**Activities**	**Location**	**Number of beneficiaries**
HIV care and support *Federation* Health Department	Community mobilization, trainings, peer education, the distributioin of information, education and communication (IEC) / behaviour change communication (BCC) materials , women group formation, vocational training to PLHIV, established one VCT centre, referral service	three districts	54,000 people aged 10-29 years
NRCS community eye care and health promotion *Swiss Red Cross* Health Department	Peer education, training of trainers, advocacy workshop, Voluntary Counselling and Testing (VCT) support to the Bardia district	nine districts	22,000 community and school youth
Safe blood supply and scaling up Blood Transfusion Safety (BTS) *Federation & United Nations Development Programme (UNDP)* Health Department	Updating and roll out of standard operating procedure, strengthening total quality management, motivation training, equipment supply, and refresher training	41 districts and 58 blood centres	147,000 people aged 18-60 years
HIV Prevention and Reproductive Health *Southern African Development Community (SADC), Norwegian Red Cross, United Nations Development Programme (UNDP) – Project Monitoring Unit (PMU)* Junior / Youth Department	Peer education and community mobilization	20 VDCs and 70 schools of five districts	64,000 school students; 2,140 youth and community people (10-29yrs)
Comprehensive package for migrants and their families *UNDP* Junior / Youth Department	Peer education, community orientation, street drama and, condom distribution, Voluntary Counselling and Testing (VCT), Sexually Transmitted Illnesses (STI) case management, IEC distribution	10 VDCs of each five districts	Over 1,500,000 migrants and their spouses
Humanitarian values promotion *Federation, Department For Iinternational Development* Humanitarian Values Department	Youth camp on non-discrimination, interaction in the community, promotion of Red Cross and Red Crescent principles	12 districts (20 communities)	100,000 youth and community people
Community Development *Partner national societies (PNS)* Community Development Department	Peer education training of trainers (ToT) Peer education IEC materials production and dissemination HIV awareness and sensitization training	Nine VDCs and one Municipality of nine districts	75,000 people community women

	Workshops conducted by health motivators and health volunteers		
Community based first aid (CBFA) *PNS, Control of Diarrhoeal Diseases (CDD) , Federation*	One hour session on HIV in first aid volunteers training curriculum	5 districts	community volunteers

12. **Challenges:** Availability of human and financial resources, and the existing organisational structure has limited the potential to diversify HIV programmes beyond HIV prevention . As a consequence, desired outcomes continue to be a challenge.

13. Reaching the most vulnerable key population (and those within communities) requires more comprehensive and in-depth efforts drawing on greater capacities (financial and human resources) to achieve results. Intensive participatory training and follow up mechanisms are need for peer educator groups to provide technical knowledge: For example -- To accommodate this, the HIV programme has been designed with a focus on building capacities, by Outcome 4.

14. **Lessons Learnt:** To avoid worsening stigma and discrimination, stigma and discrimination programmes should not be implemented on its own. Rather, it should be implemented as a key component of other programmes; adequate preparation and a comprehensive package of prevention care, treatment and support should accompany Outcome 3.

15. Reported increase in reproductive health problems suggest that HIV should be addressed together with reproductive health. It is essential to create linkages between the government health system, and other HIV service providers.

OUTCOME 1: Preventing further HIV infection

16. The following Outcome 1 approaches and activities will be undertaken to increase the HIV services by 33 per cent each year commencing from 2008 to the end of 2010.

Approaches

1. Peer education and community mobilization
2. Information, education, and communication (IEC) and behaviour change communication (BCC) intervention
3. Voluntary counselling and testing (VCT)
4. Skills for personal protection, including condom use
5. Safe blood supply and promotion

Activities

- Peer education with youth, migrants and PLHIV
- Capacity building and mobilization of community through community education, community visits, orientation and advocacy, and formation and mobilization of women, adolescents and youth groups in school and the community
- Promotion of key prevention messages through community events, festivals, street drama and poster competitions
- Organize blood donations, promote Club-25 (25 youths under the age of 25 who'd donate blood) and the formation of new blood donor clubs
- IEC / BCC materials development and distribution with/among key population groups
- Condom demonstration and distribution. Information and education on correct and consistent use of condoms for prevention of HIV and STIs
- Intensive, interactive and personalized counselling, testing and STI case management

- Development of networks with relevant stakeholders and community groups to raise awareness and sensitise
- HIV awareness, orientation and sensitization to migrants and their spouses
- Capacity building and mobilization of female community health volunteers (FCHVs)
- Mass media campaigns including radio and TV programmes, newspapers, posters, brochures, and newsletters, video production with key groups' involvement
- Formation of peer support groups
- Promote youth friendly reproductive health services
- Prevention campaigns on special occasions including World Red Cross Day, Condom Day, World AIDS Day, and others.
- Establish VCT and STI clinics in 18 communities of six districts
- Management of mobile clinics for VCT / STI
- Provision of VCT services, management of STI and treatment of opportunistic infections through existing 10 NRCS VCT centres
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- Management of mobile clinics for VCT and STI
- Provision of VCT services, management of STIs and treatment of opportunistic infections through existing 10 NRC VCT centres
- VCT training and refresher training
- Psychological counselling at VCT

17. The NRCS will establish and promote VCT in HIV programme areas. There are already ten VCT centres managed by the NRCS. This service will be scaled up during HIV programme implementation. Similarly, people needing cluster of differentiation 4 (CD4) counts, from a CD4 blood test, and ART would also be directed to these services.

Targets

- People reaching by peer education programme (number 50,000 in communities and 75 per cent of total community population; number 90,000 in selected school students of target age group) In Nepal there is a significant prevalence of HIV among youth; that is to say, most commercial sex workers, migrants, IDUs are youth.
- People reached by IEC programmes (50,000 in communities and 75 per cent of total target community population; 90,000 in schools and 90per cent of total selected school students)
- People referred to VCT services (including 17,000 migrants and 90per cent migrant population of selected communities)
- PLHIV supported on positive prevention: 500 male and 300 female
- Blood donor motivation and formation of Club 25

OUTCOME 2: Expanding HIV care, treatment, and support

18. The below Outcome 2 approaches and activities will be undertaken to increase the HIV services by 33 per cent each year commencing from 2008 to the end of 2010.

Approaches

1. Assisting children and orphans (OVC) made vulnerable by HIV
2. Promoting treatment, support and care for people living with HIV
3. Developing community support groups and networks
4. Providing livelihood and income generation activities
5. Networking and partnership with PLHIV and their organization considering the meaningful involvement of PLHIV and affected communities (MIPAC) concept

Activities

- Establish and support development of home and community based care mechanisms
- Home based care services in three districts
- Food, clothes, shelter and education support to OVC (including children of PLHIV)
- Referral services for ART and treatment of opportunistic infections
- Promoting access to health and welfare services
- Advocacy to increase access to ARV services
- Volunteer mobilization for home based care of PLHIV and their dependents
- Livelihood and food support to PLHIV
- Facilitating OVC connection with extended family system (child not detached)
- Involving government, social and private institutions in seeking OVC solutions (schooling, social welfare, and protection from gender violence, exploitation)

Targets

- 500 OVC clients receiving NRCS services.
- 500 PLHIV receiving treatment referral services and achieving score of at least 75 per cent on quality of life index.
- 100 school age OVCs supported by NRCS to attend school
- 730 PLHIV reached by NRCS support groups (30 male and 20 female aged below 15; 450 male and 200 female aged from 15 to 49, 20 male and 10 female aged 50 plus)
- 300 treatment clients and OVC receiving livelihood and nutritional support
- 100 PLHIV receiving home and community based care

OUTCOME 3: Reducing HIV stigma and discrimination

19. The below approaches and activities will be undertaken to increase the HIV services by 33 per cent each year commencing from 2008 to the end of 2010.

Approaches

1. Establishing and mobilizing community support groups and networks of people living with HIV, and partnerships with PLHIV organizations
2. Ensuring that HIV in workplace policy and programmes for all staff and volunteers are in place in Nepal Red Cross Society
3. Reducing gender inequalities, and sexual and gender based violence
4. Peer education, community mobilization, and population-based information, education and communication

Activities

- Campaigns to address stigma and discrimination – at national and community level
- Involving the community in seeking solutions (including religious and opinion leaders)
- Promoting social integration (including through awareness, and group discussions)
- Sharing experience of living a positive life
- Street drama shows and role plays on anti stigma and discrimination theme
- Campaign against gender based violence on women and children i.e. activities tackling children and women trafficking (through Red Cross volunteers trained in legal aspects of trafficking)
- Mobilising community support groups (comprising PLHIV, community leaders, religious leaders, teachers and Red Cross volunteers of the sub-chapters, among others)

Targets

- Establish 50 community support groups
- Stigma and discrimination campaigns reaching 50,000 people in selected communities
- Workplace directive adopted and 500 staff participating in work place HIV education in all districts of the country.

OUTCOME 4: Strengthening National Society capacities to deliver and sustain scaled-up HIV programme

20. The below approaches and activities will be undertaken to increase the HIV services by 33 per cent each year commencing from 2008 to the end of 2010.

Approaches

1. Improving governance, accountability, and leadership of Nepal Red Cross Society for discharging planned commitments
2. Improving volunteer and staff support and management
3. Strengthening programme cycle management
4. Widening partnerships and expanding resource mobilization
5. Developing technical capacity of staff and volunteers

Activities

- Development of NRCS HIV Workplace Policy
- Development of skilled human resources (through capacity building of staff and volunteers in terms of education and training)
- Consultation meetings with stakeholders (to avoid duplication of resources, consortia approach)
- Programme orientation with government agencies
- Development of coordination mechanisms with different departments for programme development, planning and implementation
- Strengthening planning, monitoring evaluation and reporting systems
- Revision and update of NRCS HIV strategy
- Training to concerned stakeholders based on the identified needs

Targets

- 2,000 volunteers, each volunteer mobilised for a year for HIV programme
- Branches and headquarters regularly report as per standards guidelines

IMPLEMENTATION AND MANAGEMENT ARRANGEMENTS

21. The programmes will be planned and carried out with the technical support of the International Federation; partner national societies including -- Swiss Red Cross, Norwegian Red Cross, Belgian Red Cross; and external partners including the World Health Organization (WHO), United Nations Development Programme (UNDP), United Nations Programme on AIDS (UNAIDS), the ministry of health, and Family Health International (FHI). The programme will be executed by a programme steering committee formed and chaired by the Nepal Red Cross Society. The steering committee will meet on a quarterly basis. The responsibilities of the committee are to provide guidance on: programme implementation; resource mobilisation and allocation; setting priorities; ensuring compliance with HIV Global Alliance modalities, and resolving issues as required. The steering committee represents the NRCS, the International Federation in Nepal, the National HIV Programme, the United Nations theme group, partner National Societies in-country and freelance experts.

22. Various departments of the NRCS will be involved in implementation of the HIV programme, including the health service department, junior / youth department, community development department and district chapters according to the priorities and needs of vulnerable people. Yearly operational plans will be developed for programme implementation. The health service department of the NRCS will coordinate and work as a focal point for the NRCS HIV Programme. The International Federation will provide technical support for programme management, resource mobilisation, implementation, monitoring and evaluation. The NRCS will provide leadership, priority setting, coordination of partners, local advocacy, resource mobilization, and overall responsibility for programme delivery and accountability for results. A country working group for the Global Alliance on HIV will be established with membership from managers and coordinators working on HIV. The HIV programme coordinator will be responsible for coordinating the working group. The working group will meet monthly to discuss programme progress, and monitor and manage according to the developed tools and frameworks.

23. The HIV Programme will be managed at headquarters level by a working committee consisting of the programme coordinator, HIV programme managers, programme support officers and administration and logistics sections. For ensuring the sustainability of the projects in the communities, voluntary contributions are encouraged rather than keeping staff and capacity of the support group enhanced. The working committee will be backed by the governance and management of Nepal Red Cross Society.

MONITORING AND REPORTING ARRANGEMENTS

24. The NRCS HIV programme subscribes to the principles of the “seven ones” of the Global Alliance on HIV, including "One performance monitoring system". Programme reviews (including financial reporting) will be conducted bi-annually and annually. A programme completion report will be produced at the end of the programme period, 2010. An external evaluation will be conducted during the final six months of 2010.

25. This programme adopts a results-based approach for planning and implementation. A monitoring and evaluation system will be used and will contain baseline, review and evaluation data and allow analysis and reporting of results (on achievement of outcomes, beneficiaries reached and on spend against the budget). To supplement programme effectiveness, tools such as self-evaluation, and qualitative or quantitative research, may be used. The monitoring and evaluation (M&E) system reports will be used to monitor programme progress and performance, and improve programme management and strategic direction, decision making, policies, and guidance, and support advocacy and resource mobilization.

RISKS, ASSUMPTIONS AND UNDERTAKINGS

26. Through consultation and collaboration with the stakeholders, the HIV programme developed uses as a basis, the NRCS fourth development plan (2003-07); NRCS five year HIV/AIDS operational plan (2006-10); NRCS strategy on HIV/AIDS (2004-08); yearly progress report (2005-06); appeal 2007 submitted to the International Federation ; the Nepal health sector strategy, national HIV/AIDS strategy, Nepal millennium development goals, and others.

27. Data presented in this document have been estimated using the best available information, including reports published by ministry of health and population and other related agencies. Similarly, the financial information presented uses the most accurate information available.

28. The delivery of services has been and continues to be affected by the political instability in the country. This has increased absenteeism of government health workers, reduced community

participation at the grassroots level. As well, it is reported that many health workers are unable to carry out their duties due to harassment, intimidation and interference. The NRCS HIV Programme has been designed with the hope for an improved political situation in the country.

29. The Nepal Red Cross Society works to support national HIV policies and programmes and this HIV programme has been developed on this basis. Reducing the impact of HIV is a national priority of the government of Nepal. Also, a decentralization and devolution process is under way, which means more local ownership and possibilities to target interventions to local needs and vulnerable groups, subject to local commitment and poverty reduction. Government plans prioritise expanding access to, and increasing the use of, services especially by underserved populations. They also relate to scaling up to reach more people.

30. NRCS has received firm commitments for support from partners for the HIV programme but will need to build new donor relationships to mobilise more resources to enable scaling up of the Red Cross response in tackling HIV.

SUMMARY OF RESULTS- BASED BUDGETARY FRAMEWORK

OUTPUTS	Year 2008 (CHF)	Year 2009 (CHF)	Year 2010 (CHF)	TOTAL (CHF)
1. Preventing further HIV infection	733,197	1,035,612	1,462,761	3,231,570
2. Expanding HIV care, treatment, and support	218,671	346,232	489,039	1,053,942
3. Reducing HIV stigma and discrimination	114,890	236,818	334,497	686,205
4. Strengthening National Red Cross / Red Crescent Society capacities to deliver and sustain scaled up HIV programme	172,094	258,108	364,568	794,770
TOTAL	**1,238,852**	**1,876,770**	**2,650,865**	**6140732 (with programme support recovery (PSR))**

31. Please also see the budget in detail in Annex 2.

Annex 1 logical framework

LOGFRAME FOR THE NEPAL RED CROSS SOCIETY HIV PROGRAMME

Date of first formulation: 30 September 2007 **Dates revised:**

Narrative Summary	Tracking Indicators	Means of Verification	Important Assumptions
Goal: To contribute to Global Agenda Goal 2: to reduce the number of deaths, illnesses and impact from diseases and public health emergencies	**IMPACT:** Prevalence of HIV; infants born to HIV infected mothers who are infected at 18 months; survival rates of antiretroviral therapy (ART) recipients.	• UNAIDS reports • Monitoring and evaluation system of [country] National AIDS Programme	• Strong political commitment at the national level exists • Political situation is improved
Programme Purpose: To scale-up the International Federation's efforts in support of national HIV and AIDS programmes to reduce vulnerability to HIV and its impact in Nepal	❖ People benefiting from the red cross and red crescent (RCRC) HIV services in targeted communities ❖ Proportion of national programming in targeted countries conducted by RCRC	• Quarterly updates • Six-monthly and annual reports • Consolidated programme report & evaluation	• National policies remain consistent throughout the Programme duration • Sufficient funds are mobilised and available • All stakeholders continue to support the Programme
Programme Outputs: 1. Further HIV infections are prevented	❖ People reached by peer education programme ❖ People reached by IEC programmes ❖ People who were referred to VCT services ❖ Pregnant women referred to Preventing Mother-to-Child Transmission (PMTCT) services ❖ PLHIV (through sex) supported on positive prevention	• Quarterly updates • Six-monthly and annual reports • Consolidated programme report & evaluation	**(Output to Purpose):** • Conducive environment for participation of the community and schools is enabled

Narrative Summary	Tracking Indicators	Means of Verification	Important Assumptions
2. HIV care, treatment, and support is expanded	❖ OVC clients receiving RCRC services ❖ Home Based Care (HBC) or treatment clients receiving RCRC services ❖ School aged OVCs supported by RCRC to attend school (number and percentage) ❖ PLHIV reached by RCRC support groups ❖ HBC or treatment clients and OVC receiving livelihood support by location	• Quarterly updates • Six-monthly and annual reports • Consolidated programme report & evaluation	• Conducive environment for participation of the community and schools is enabled
3. HIV stigma and discrimination is reduced	❖ HIV+ RCRC staff and volunteers who received ART in last 12 months ❖ Discrimination incident reports reported by HIV positive RCRC staff and volunteers with appropriate action ❖ Number of sexual and gender- based violence incident reports received from served population and followed up with appropriate action ❖ National Societies with workplace policies, and staff participating in work place HIV education	• Quarterly updates • Six-monthly and annual reports • Consolidated programme report & evaluation	• Conducive environment for participation of the community and schools is enabled
4. National Red Cross / Red Crescent Society capacities to deliver and sustain scaled-up HIV programme are strengthened	❖ Volunteer hours mobilised ❖ National Societies that regularly report as per standard guidelines ❖ HIV Appeals coverage	• Quarterly updates • Six-monthly and annual reports • Consolidated programme report & evaluation	• Conducive environment for participation of the community and schools is enabled
Approaches: 1.1 Peer education and community mobilisation 1.2 Information, education, and communication (IEC) for targeted vulnerable groups 1.3 Voluntary Counselling and Testing (VCT) 1.4 Skills for personal protection, including condom use 1.5 Support to national PMTCT programme	500 peer educators trained and supported 40 Community mobilization campaigns conducted IEC/BCC materials developed and disseminated to 140,000 people from 5 target groups Running of 10 VCT centres 25 awareness raising campaigns	• M&E system reports and analyses • Six-monthly and Annual Programme Reviews • Biannual progress reports and Programme Completion Report	**(Approach to Output):**

Narrative Summary	Tracking Indicators	Means of Verification	Important Assumptions
1.6 Blood supply 2.1 Assisting children and orphans (OVC) made vulnerable by HIV 2.2 Providing treatment, support and care (home or community based and through health institutions) for people living with HIV 2.3 Developing community support groups and networks 2.4 Providing livelihood and food support for the most vulnerable 3.1 Developing community support groups and networks of people living with HIV, and partnerships with PLHIV organisations 3.2 Ensuring that HIV in workplace policy and programmes for all staff and volunteers are in place in Nepal Red Cross Society 3.3 Tackling gender inequalities and sexual and gender based violence 3.4 Peer education, community mobilisation, and population-based information, education and communication 4.1 Improving governance, accountability, and leadership of Red Cross Red Crescent National Societies for discharging planned commitments 4.2 Improving volunteer and staff support and management 4.3 Strengthening programme cycle management 4.4 Widening partnerships and expanding resource mobilisation	Formation and mobilization of 25 treatment support groups Formation and mobilization of 50 Community support groups Support for livelihood promotion- 250 people Formation and mobilization of 25 anti-stigma support groups Workplace policy dissemination 10 times 12 Anti-stigma and discrimination campaigns 25 PLHIV Support groups formed and mobilized HIV/AIDS five year operational plan disseminated 20 training for staff and volunteers Quarterly monitoring and supervision Promoting the HIV programme to ministry of health and potential funding partners and submit funding applications to Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and other donors.	• End of Programme Evaluation • M&E system reports and analyses • Six-monthly and Annual Programme Reviews • Biannual progress reports and Programme Completion Report • End of Programme Evaluation	

Annex 2 detailed budget

Detailed HIV Programme Budget

Budget item		Year 1 (CHF)	Year 2 (CHF)	Year 3 (CHF)	Total (CHF)
OUTCOME 1					
1.A	Personnel	260,849	368,439	520,405	1,149,693
1.B	Capacity building / workshops, training & technical assistance	176,249	248,945	351,625	776,820
1.C	Capital expenses: equipment, supplies & materials	70,499	99,578	140,650	310,728
1.D	Transport and storage	14,099	19,915	28,130	62,145
1.E	Information, media, publications	105,749	149,367	210,975	466,092
1.F	Travel & communications	35,249	49,789	70,325	155,364
1.G	Other costs – specify	70,499	99,578	140,650	310,728
1.I	*Subtotal*	*733,197*	*1,035,612*	*1,462,761*	
1.J	*Outcome 1 Total*				*3,231,572*
OUTCOME 2					
2.A	Personnel	77,796	123,178	173,984	374,960
2.B	Capacity building / workshops, training & technical assistance	52,565	83,228	117,557	253,351
2.C	Capital expenses: equipment, supplies & materials	21,026	33,291	47,022	101,340
2.D	Transport and storage	4,205	6,658	9,404	20,268
2.E	Information, media, publications	31,539	49,937	70,534	152,010
2.F	Travel & communications	10,513	16,645	23,511	50,670
2.G	Other costs – specify	21,026	33,292	47,022	101,340
2.I	*Subtotal*	*218,671*	*346,232*	*489,039*	
2.J	*Outcome 2 Total*				*1,053,942*
OUTCOME 3					
3.A	Personnel	40,874	84,253	119,004	244,131
3.B	Capacity building / workshops, training & technical assistance	27,618	56,928	80,408	164,953
3.C	Capital expenses: equipment, supplies & materials	11,047	22,771	32,163	65,981
3.D	Transport and storage	2,209	4,554	6,433	13,196
3.E	Information, media, publications	16,571	34,157	48,245	98,972
3.F	Travel & communications	5,524	11,386	16,082	32,991
3.G	Other costs – specify	11,047	22,771	32,163	65,981
3.I	*Subtotal*	*114,890*	*236,818*	*334,497*	
3.J	*Outcome 3 Total*				*686,205*
OUTCOME 4					
4.A	Personnel	61,226	91,827	129,702	282,755
4.B	Capacity building / workshops, training & technical assistance	41,369	62,045	87,636	191,050

4.C	Capital expenses: equipment, supplies & materials	16,547	24,818	35,055	76,420
4.D	Transport and storage	3,309	4,964	7,011	15,284
4.E	Information, media, publications	24,821	37,227	52,582	114,630
4.F	Travel & communications	8,274	12,409	17,527	38,210
4.G	Programme monitoring, reviews and evaluations*	37,166	56,303	79,526	172,995
4.H	Other costs – specify	16,547	24,818	35,055	76,420
4.I	*Subtotal*	*172,094*	*258,108*	*364,568*	
4.J	*Outcomet 4 Total*				*794,769*
K	**Subtotal of all Outcomes**	**1,238,852**	**1,876,770**	**2,650,865**	**5,766,487**
L	Programme support recovery (PSR)				374245
M	**Grand Total**				6140732

* As a guide, this should be 3% of K: subtotal of all Outcomes

Explanation of costs

The budget details financial and operational costs only. Shared costs of cross-cutting programming have been allocated accordingly. The current national inflation rate of the base year 2007 (6.2 per cent) has been used to calculate the budget for successive years. The exchange rate used is 1 CHF to 54.26 Nepalese Rupees (NR).