



Government of Nepal
Ministry of Health
National Centre for AIDS and STD Control
Teku, Kathmandu



Factsheet 1: HIV Epidemic Update of Nepal, as of December 2016

Facts about HIV Epidemic in Nepal

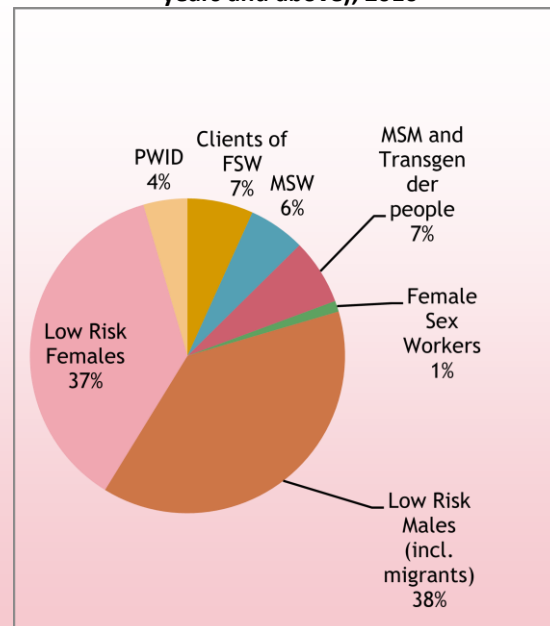
- ☐ The first HIV case was detected in 1988.
- ☐ The key populations are as follows:
 - 🚫 People who Inject Drugs (PWID)
 - 🚫 Sex Workers and their Clients (Male and Female)
 - 🚫 Men who have Sex with Men (MSM) and Transgender people
 - 🚫 Male Labor Migrants and their wives
 - 🚫 Prison Inmates
- ☐ Heterosexual transmission is dominant.
- ☐ HIV prevalence among adult population in the country is below 1%.

HIV Estimates in Nepal

- ☐ Estimated number of people living with HIV: **32,735**
 - 🚫 Male 20,232
 - 🚫 Female 12,503
 - 🚫 Children (0-14 years): 1,197
 - 🚫 Adults (15-49 years): 24,663
 - 🚫 Adults (50+ years): 6,875
- ☐ Adult HIV prevalence (15-49 years): 0.17%
- ☐ Estimated new infection in 2016: 942

Source: National HIV Estimates, NCASC 2016

Figure 1: Distribution of People Living with HIV (15 years and above), 2016



N=31,538

FSW: Female Sex Worker
MSW: Male Sex Worker

Table 1: Key Indicators of HIV Estimates in Nepal, 2016

Indicators	Value (2016)
🚫 HIV Incidence per 1,000	0.03%
🚫 Percentage of women 15-49 years living with HIV (of estimated adult PLHIV)	31.0%
🚫 Annual number of new infection (Male to Female ratio)	942 (2:1)
Annual number of new HIV infections - Male	631
Annual number of new HIV infections - Female	311
🚫 Annual number of new HIV positive pregnant women	284
🚫 Average number of new infections per day	3
🚫 Annual number of new infections amongst children (0-14 years)	50
🚫 Annual number of AIDS-related deaths	1,771
🚫 Annual number of AIDS-related deaths among children (0-14 years)	39

Source: National HIV Estimates. NCASC 2016

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Figure 2: HIV prevalence among adult population (15-49 Year) (1985-2020)

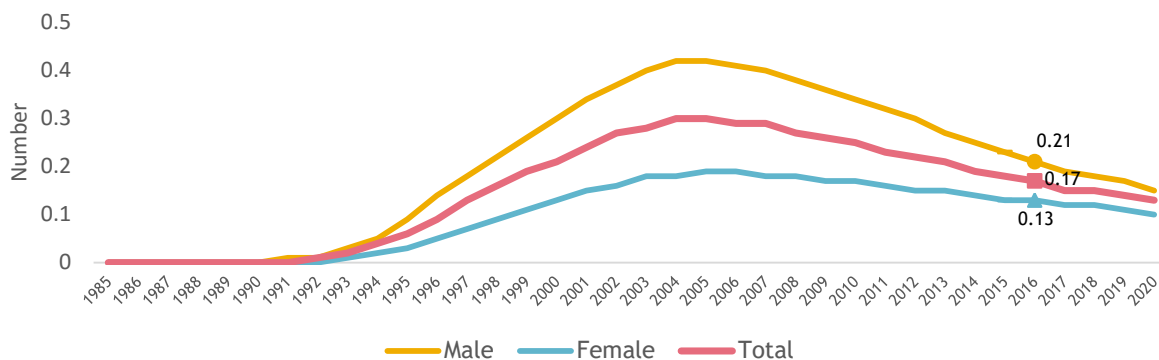


Figure 3: Estimated HIV infections by age group, 2016

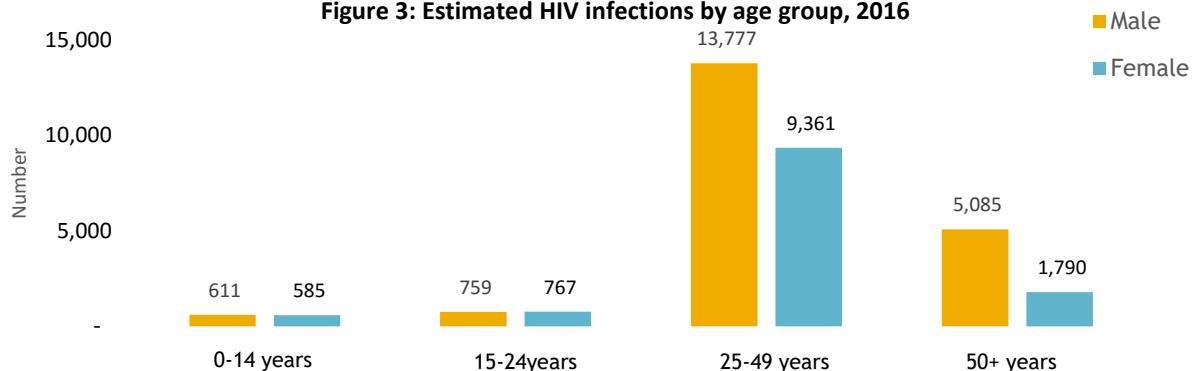
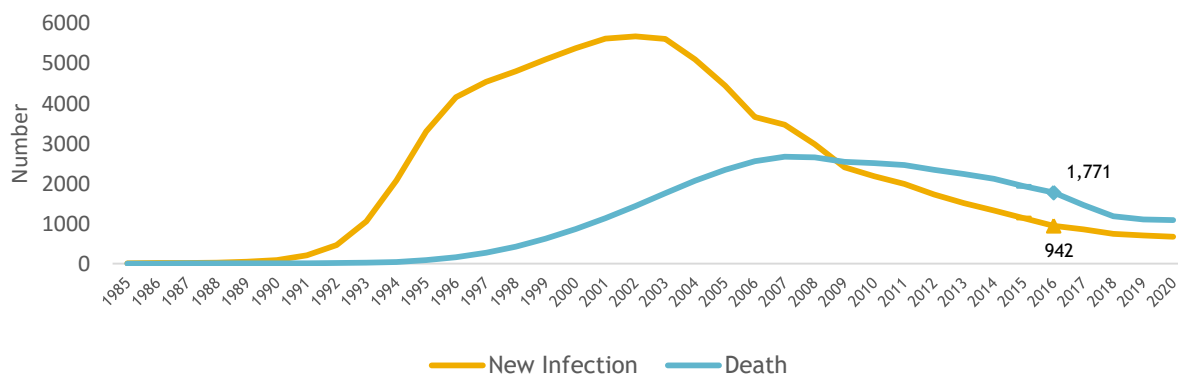


Figure 4: Trend of New infection and Deaths (1985-2020)



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Factsheet 2: Cumulative HIV Cases in Nepal, as of Asar 2074 (July 2017)

Table 1: Reported HIV cases, as of July 15, 2017

Male	Female	Transgender (TG)	Total
18,989	11,535	122	30,646

Table 2: Cumulative HIV Infections by Sub-Group and Gender as of July 15, 2017

Risk Groups	Male	Female	TG	Total	Percentage
Sex Workers (SW)	97	1,390	7	1,494	4.9%
People who inject drugs (PWID)*	3,100	94	9	3,203	10.5%
Men who have sex with Men (MSM)	469	0	92	561	1.8%
Blood and blood products	82	36	3	121	0.4%
Clients of SWs	10,254	187	6	10,447	34.1%
Migrant Workers**	2,602	252	1	2,855	9.3%
Spouse/Partner of Migrants	147	1,776	1	1,924	6.3%
Others***	2,238	7,800	3	10,041	32.8%
Total	18,989	11,535	122	30,646	100.0%

* Mode of Transmission – Injection or Sexual

** Since 2011 the risk group has been added

*** All reported HIV cases up to Asar 2074 under the risk group of Housewives, Male partners, Prison inmates, Children and Sub-group not identified, are adjusted in “Others”

Table 3: Cumulative HIV Infections by Age Group and Gender as of July 15, 2017

Age Group (Years)	Male	Female	TG	Total	Percentage
0 - 4	482	290	0	772	2.5
5 - 9	557	398	0	955	3.1
10 - 14	291	215	0	506	1.7
15 - 19	456	464	10	930	3.0
20 - 24	1,919	1,589	27	3535	11.5
25 - 49	14,152	8,019	81	22,252	72.6
50 - above	1,132	560	4	1,696	5.5
Total	18,989	11,535	122	30,646	100

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Figure 1 : Distribution of Reported HIV cases by Development Region and Gender (FY 73/74)

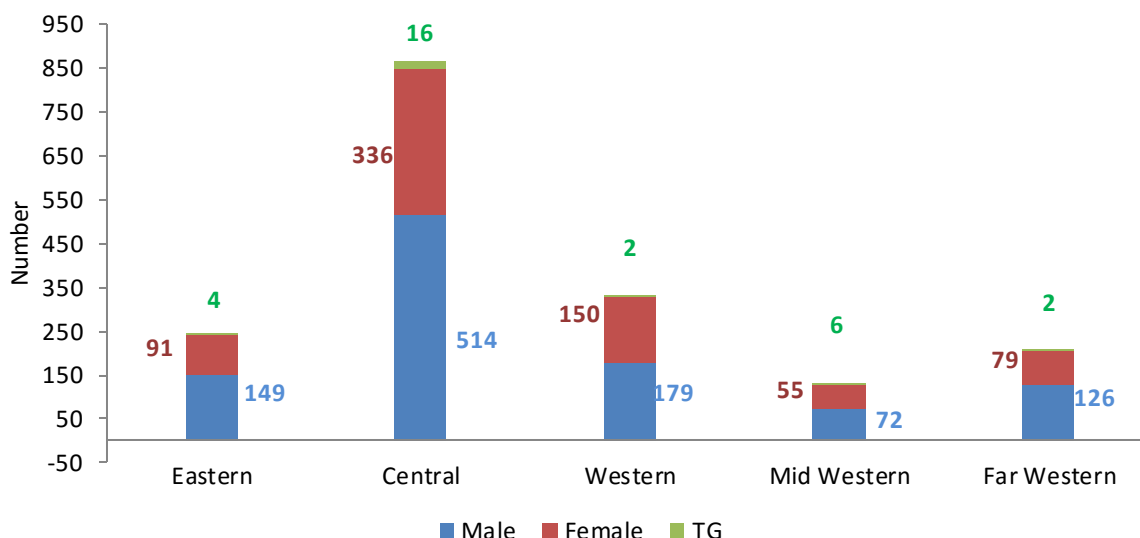
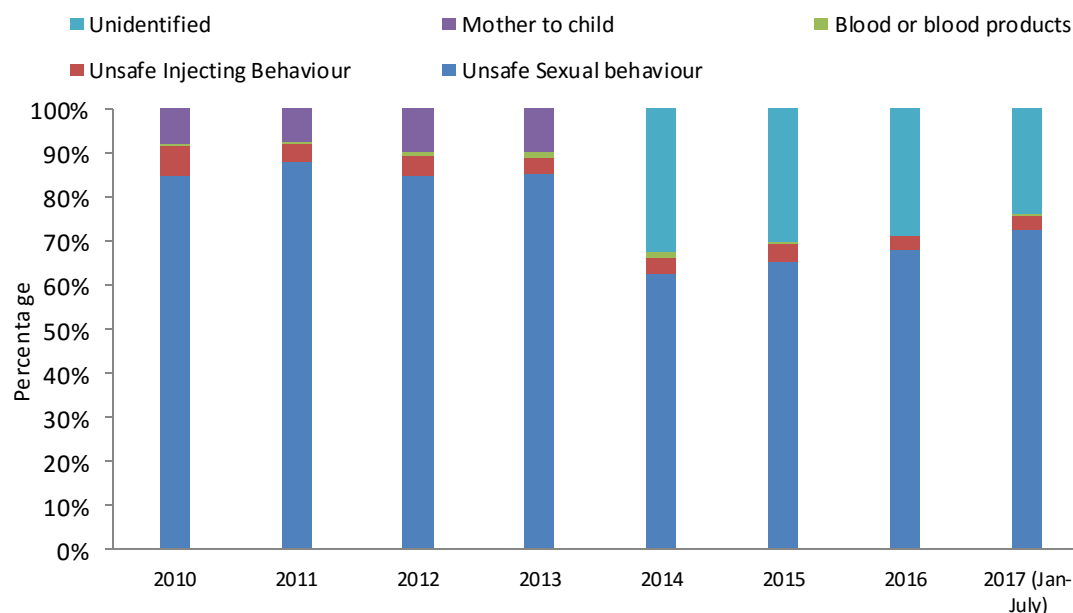


Figure 2: Reported HIV Cases by Mode of Transmission in Nepal, 2010-2017July



Note: The unidentified mode of transmission is categorized as risk group "Other" from 2014. The reason is that the mode of transmission could not be identified in "Other" risk group.

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Factsheet 3: HIV Testing and Counseling (HTC) Services, as of Asar 2074 (July 2017)

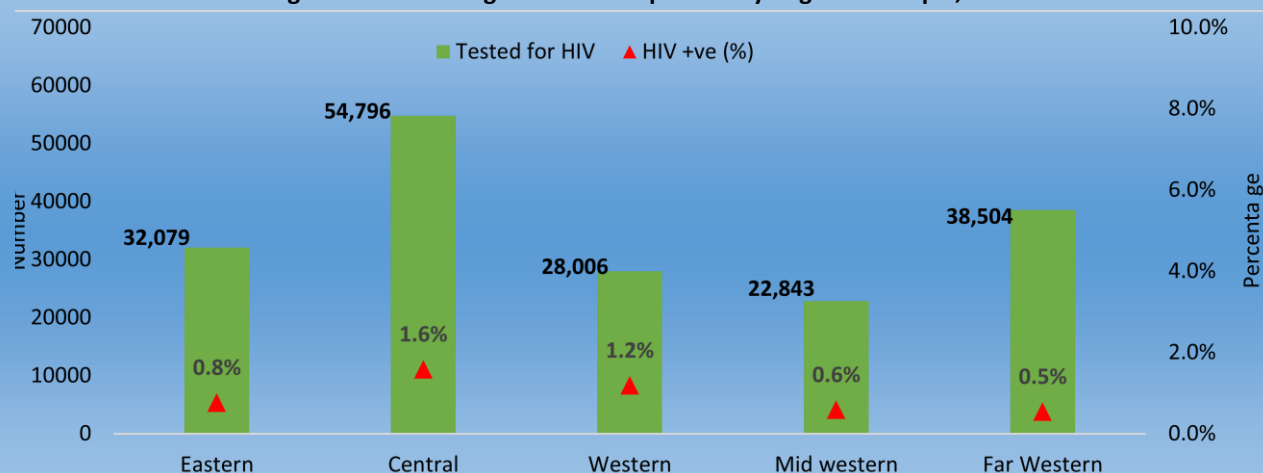
Background about HTC in Nepal

- HIV Testing and Counseling service was first started in Nepal in 1995.
- HIV Testing and Counseling is the entry point for overall HIV care services. It is provided free of cost to the key populations at higher risk and general population all over the country.
- Nepal's HIV testing and counseling services have been guided by the National Guidelines for Testing.
- Community based testing approach has also been initiated in key population and as suggested by National HIV Testing and Treatment Guidelines, 2017 Nepal is also moving forward to implement community led testing approach in order to maximize HIV testing.
- There are 175 service sites providing HIV testing and counseling, including 136 government sites as of July 2017.

Table 1: HIV Testing and Counseling 2008 - 2017 (Jan-Jul)

Indicators	2009	2010	2011	2012	2013	2014	2015	2016	2017 (Jan-Jul)
Tested for HIV	62,672	106,325	95,501	120,450	139,566	116,439	164,051	173,195	138,583
HIV positive	2,110	2,015	2,060	2,433	2,426	1,907	1,610	2,144	1,069

Figure 1: HIV Testing and Yield Proportion by Regions in Nepal, 2017



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Figure 2: Reported HIV infections by age group: 2004 -2017 (Jan-July)

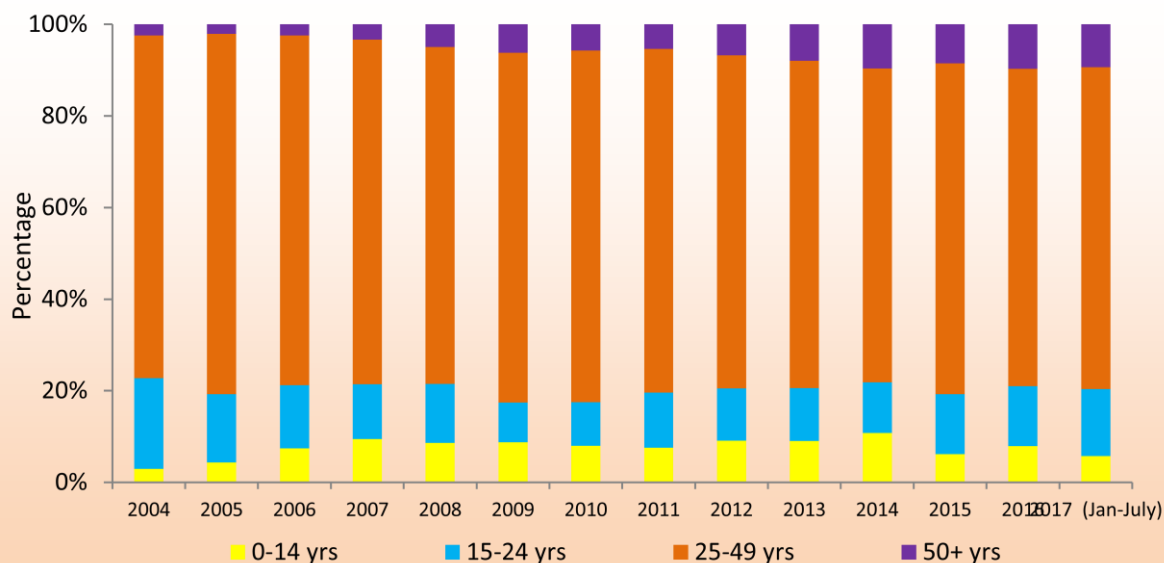
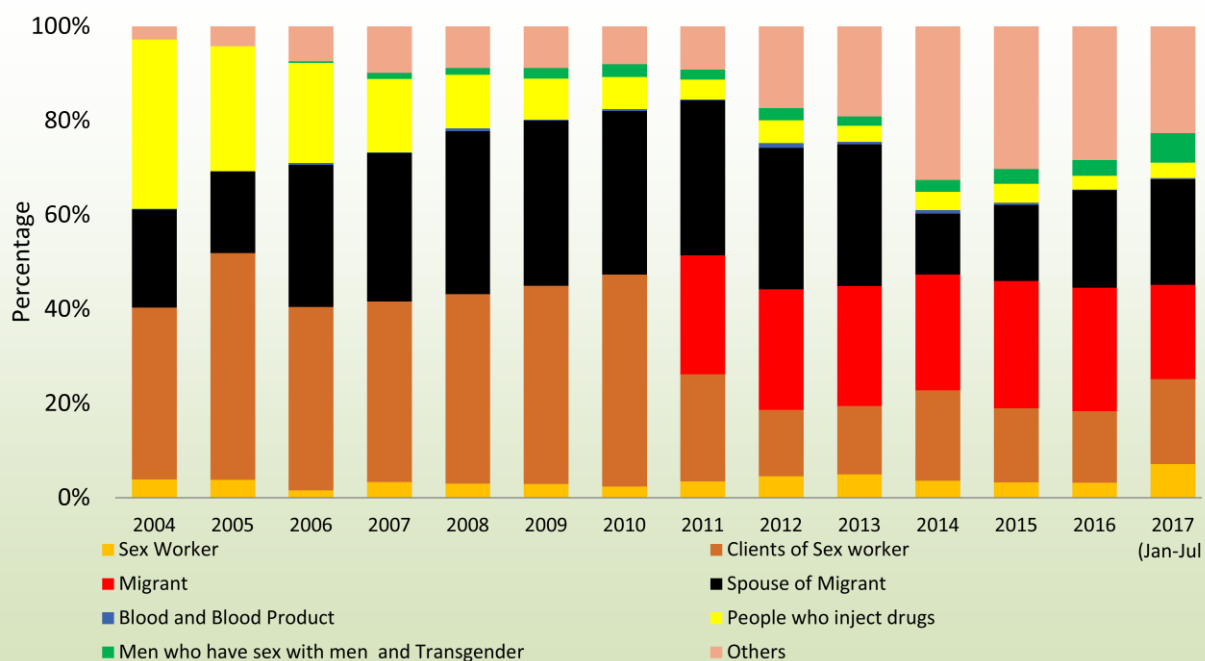


Figure 3: Reported HIV Infections by Risk Groups: 2004 - 2017 (Jan-July)



Note: "Others" category includes "Children", "Male Partner", "Prison Inmate" and "unidentified risk group".

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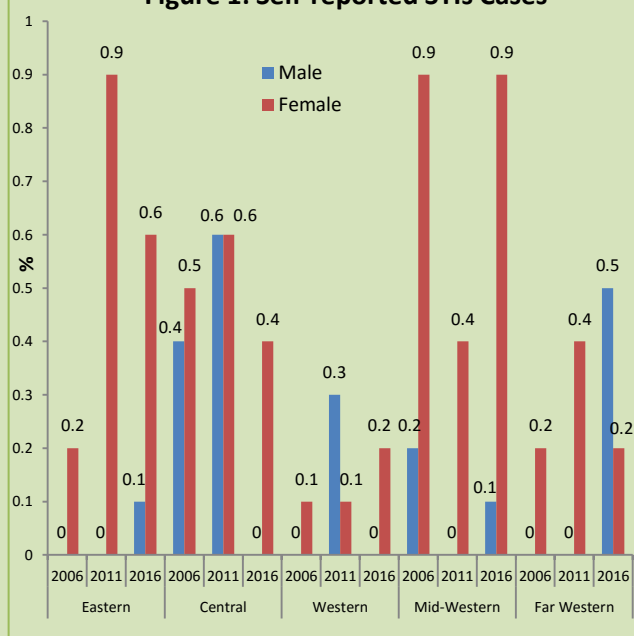


Factsheet 4: Management of Sexually Transmitted Infections (STIs), as of Asar 2074 (July 2017)

Background about STIs in Nepal

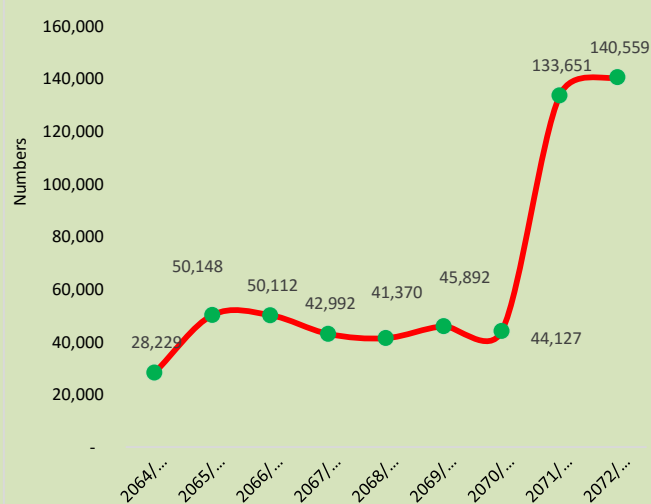
- ✎ Key interventions for management of STI in Nepal are targeted Behavior Change Communication (BCC), condom promotion and distribution, diagnosis and treatment of STIs (both syndromic and etiological management) and referral services.
- ✎ STI management services are available from government health facilities and NGOs for key population.
- ✎ Nepal has been following WHO recommended approach for the management of STIs in patients with recognized signs and symptoms.
- ✎ The first National STI Case Management Guidelines was developed in 1995 and revised in 2014.
- ✎ Repeated Integrated Biological and Behavioral Surveillance (IBBS) Surveys are the main source of information for STI prevalence among key populations in Nepal.

Figure 1: Self-reported STIs Cases



Source: Nepal Demographic Health Survey (NDHS) 2006, 2011 & 2016

Figure 2: Annual Reported Cases of STIs



Source: Annual Report, Department of Health Services (DoHS) FY 072/73

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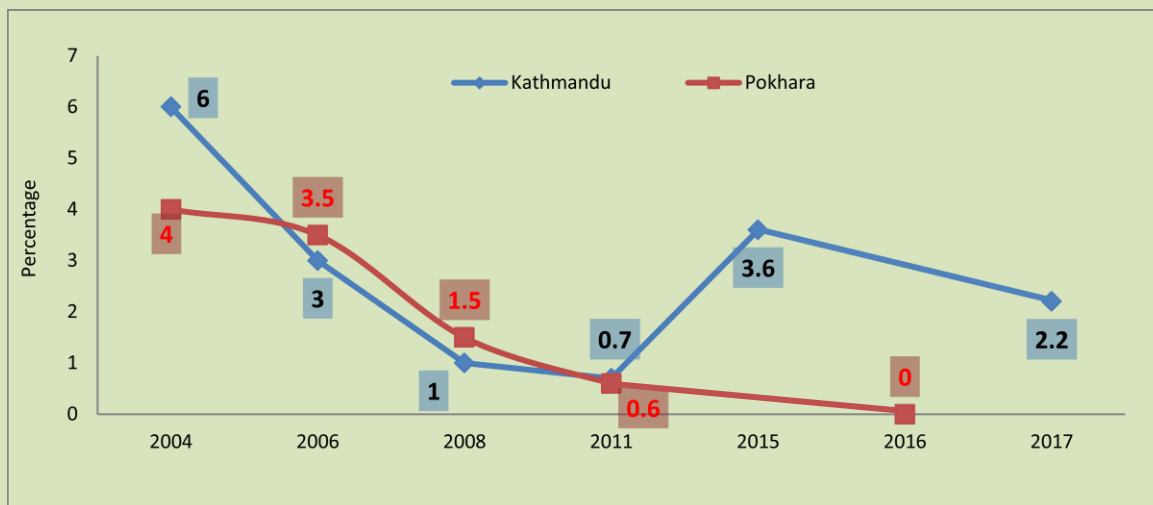
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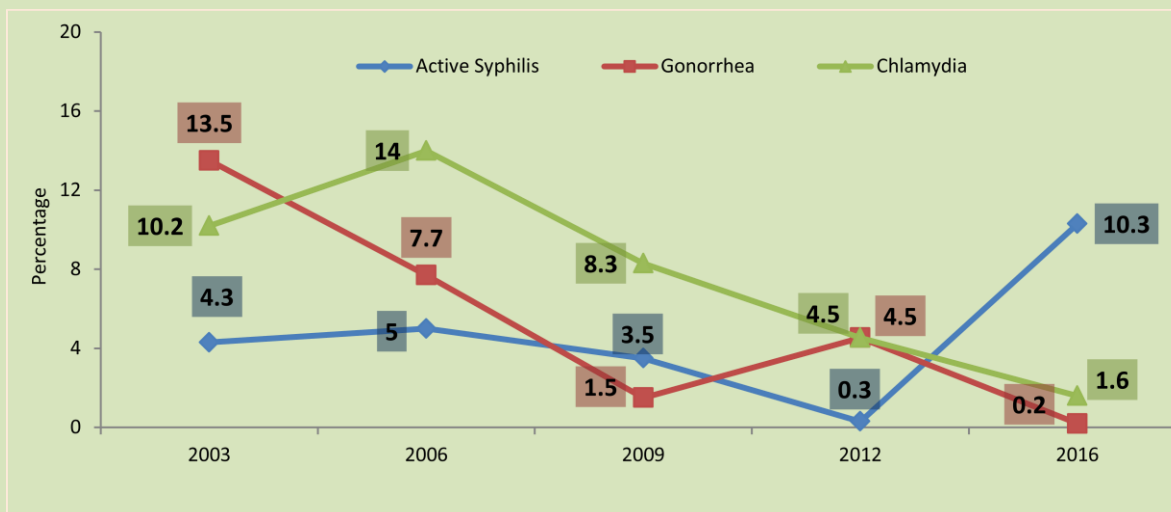


Figure 3: Prevalence of Active Syphilis among Female Sex Workers



Source: Integrated Biological and Behavioural Surveillance (IBBS) Survey

Figure 4: Prevalence of STI among Female Sex Workers in 22 Terai Highway Districts



Source: Integrated Biological and Behavioural Surveillance (IBBS) Survey

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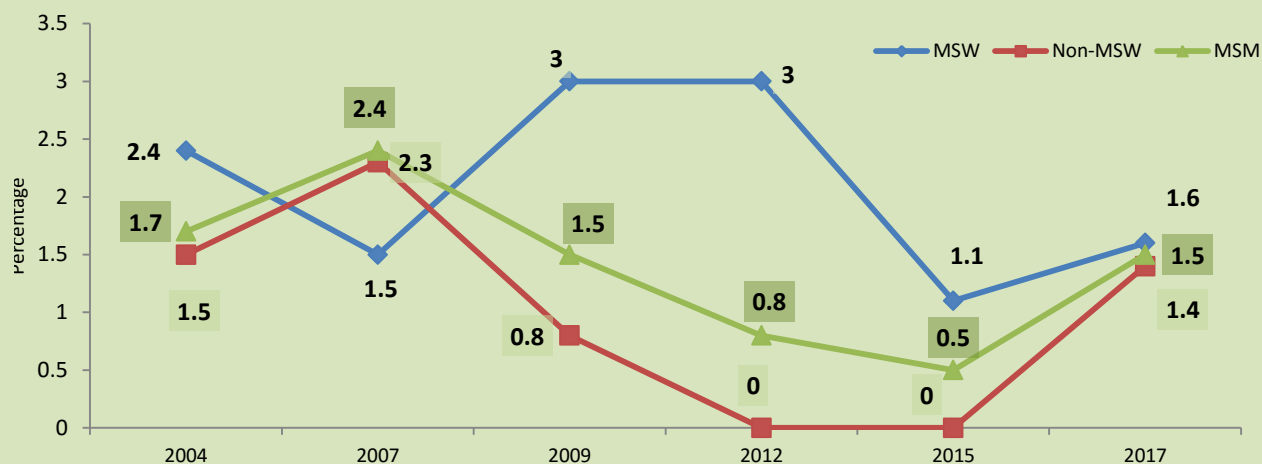
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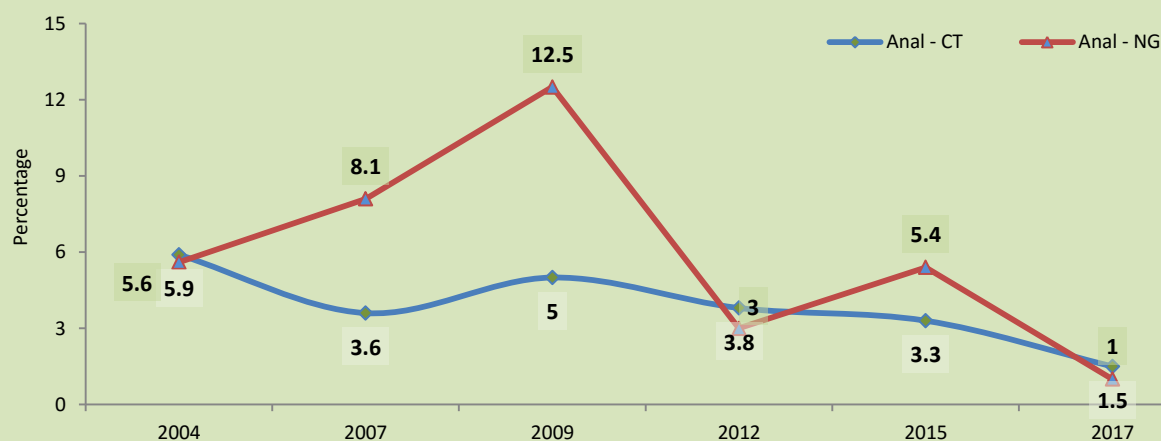
Figure 5: Prevalence of Active Syphilis among Men who have Sex with Men / Transgender in Kathmandu Valley



Source: Integrated Biological and Behavioural Surveillance (IBBS) Survey

MSW: Male Sex Workers, Non- MSW: Non Male Sex Workers, MSM: Men who have sex with Men

Figure 6: Prevalence of STI among Men who have Sex with Men / Transgender in Kathmandu Valley



Source: Integrated Biological and Behavioural Surveillance (IBBS) Survey

CT: Chlamydia Trochomatis ; NG: Neisseria Gonorrhea

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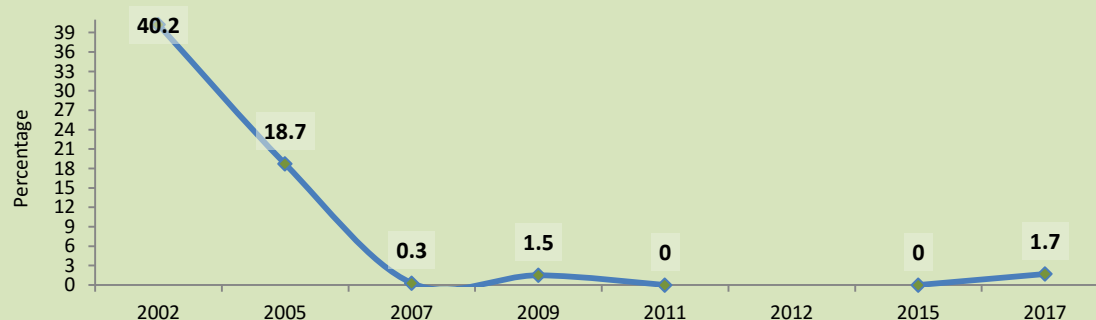
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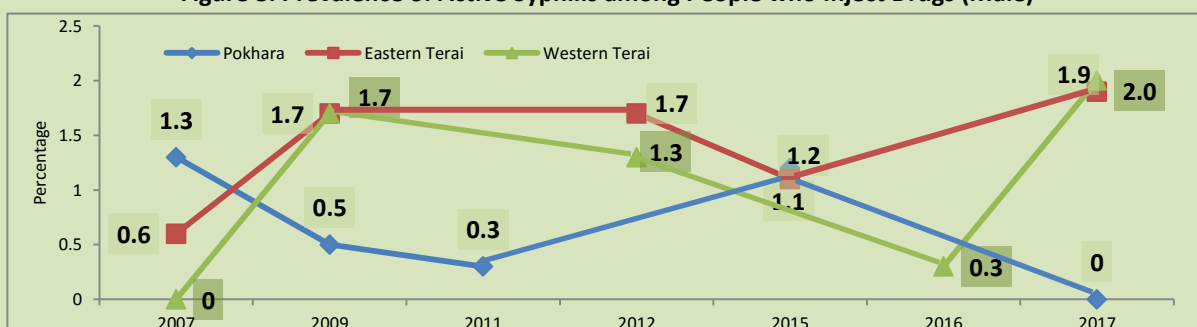


Figure 7: Prevalence of Active Syphilis among People who Inject Drugs (Male) in Kathmandu Valley



Source: Integrated Biological and Behavioural Surveillance (IBBS) Survey

Figure 8: Prevalence of Active Syphilis among People who Inject Drugs (Male)



Source: Integrated Biological and Behavioural Surveillance (IBBS) Survey

SN	Survey Populations	Study Area in 2017	Prevalence of Active Syphilis
1	Female Injecting Drug Users	Pokhara Valley	3.9
2	Female Sex Workers	Kathmandu Valley	2.2
3	Men who have Sex with Men / Transgender	Kathmandu Valley	1.5
4	Men who have Sex with Men / Transgender	Pokhara Valley	0.3
5	People Who Inject Drugs (PWID)	Eastern Terai Highway Districts	1.9
6	People Who Inject Drugs (PWID)	Kathmandu Valley	1.7
7	People Who Inject Drugs (PWID)	Pokhara Valley	0.0
8	People Who Inject Drugs (PWID)	Western Terai Highway Districts	2.0

Source: Integrated Biological and Behavioural Surveillance (IBBS) Survey

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Factsheet 5: Prevention of Mother to Child Transmission (PMTCT) in Nepal, as of Asar 2074 (July 2017)

Table 1: Facts on PMTCT, 2016

Indicators	Value
Annual estimated pregnancies in 2016/2017*	756,993
Mothers requiring PMTCT in 2016	284
Total HIV positive pregnant women who received antiretroviral to reduce the risk of MTCT in 2016	181
Percentage of HIV positive pregnant women who received antiretroviral to reduce the risk of MTCT in 2016	63.7%

Source: National HIV Estimates 2016

*Source: DoHS Annual report FY 072/73

Background

- Comprehensive PMTCT service started in Nepal in February 2005.
- Community-based PMTCT(CB-PMTCT) program has been expanded in all **75** districts of Nepal where HIV screening and counseling is done among every ANC visitors at the district.
- ARV medicines are made available in all districts of Nepal. However, life-long ART service is only provided through **68** ART sites and 25 ART Dispensing Centers (ADC) throughout the country.

Table 2: Service Statistics on PMTCT in Nepal: 2007 – July 2017

Indicators	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017 Jan-Jul
Tested for HIV (ANC & Labour)	32,553	42,733	65,791	94,511	124,025	129,131	142,043	158,146	187,552	306,872	239,690
HIV Positive pregnant women	59	84	133	138	169	175	125	162	88	154	81
Total deliveries by HIV+ve mothers	38	61	96	120	134	110	139	131	115	121	76
Mothers received ART	28	47	77	96	117	126	142	162	145	181	111
Babies received Prophylaxis	34	57	89	112	129	108	136	127	114	118	73

Source: NCASC, 2017

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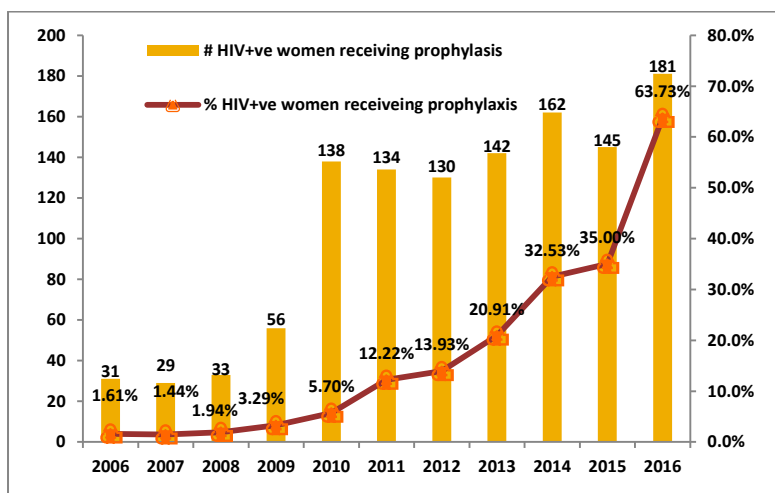
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Figure 1: Coverage of PMTCT Program in Nepal (2006 – 2016)



Early Infant Diagnosis (EID):

Early Infant Diagnosis (EID) service is available for babies born to the HIV-positive mothers to detect HIV status among exposed baby at the earliest.

DNA PCR test is done for EID and conducted among the children below 18 months.

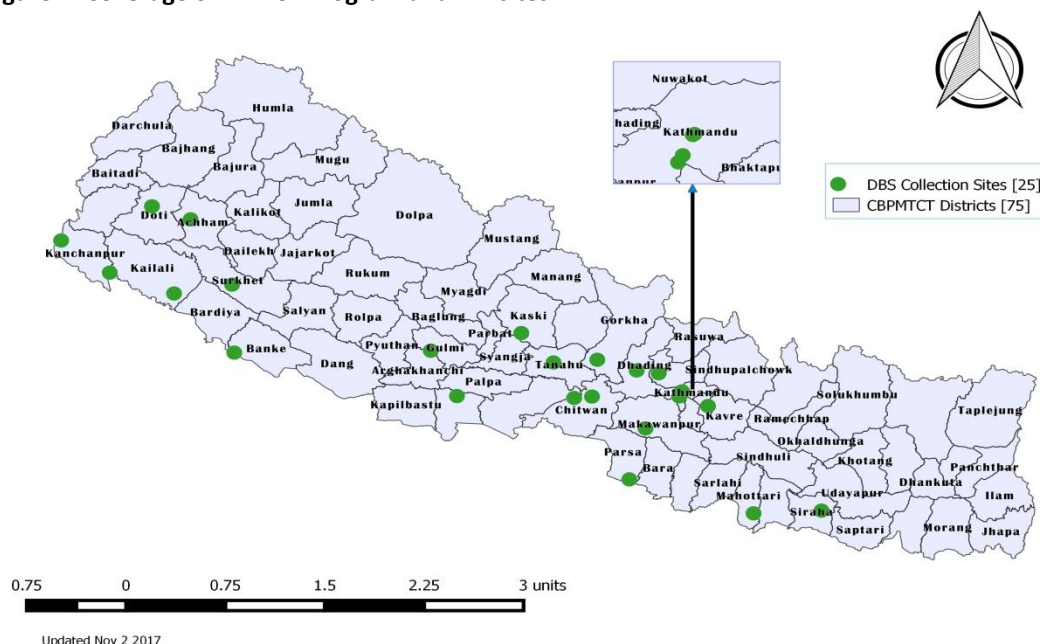
EID through DNA PCR technology is available at National Public Health Laboratory (NPHL), Teku since September 2014.

Dried blood spot (DBS) samples for EID are collected from 25 sites.

Table 3: Early Infant Diagnosis Program

SN	Indicator	2014	2015	2016	2017 (Jan-Jul)
1	Total number of children up to 18 months tested (PCR)	74	191	143	113
2	Total number of children up to 18 months diagnosed positive through PCR test	4	15	10	10

Figure 2: Coverage of PMTCT Program and EID sites



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Factsheet 6: HIV Care and Antiretroviral Therapy (ART) Services in Nepal, as of July 2017

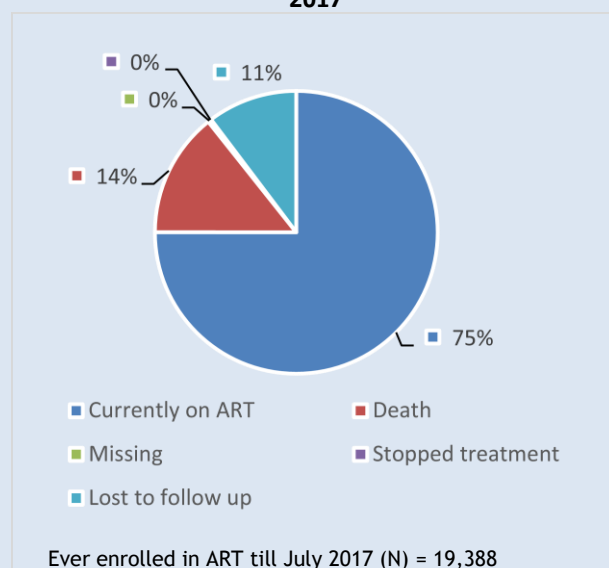
Background about ART program in Nepal

- ✎ ART service is started from February 2004 from Sukraraj Tropical and Infectious Disease Hospital Kathmandu in Nepal.
- ✎ ART is available for free of cost for all People Living with HIV (PLHIV).
- ✎ As of July 2017, there are 68 ART sites and 25 ART Dispensing Centers (ADCs) throughout the country.
- ✎ ADCs are established to increase accessibility to the treatment.
- ✎ Nepal has also adopted Test and Treat approach since Feb 2017.
- ✎ National Consolidated Guideline for Treating and Preventing HIV in Nepal 2014 and revised in 2017 is the guiding document for providing HIV treatment and care in Nepal.
- ✎ CD4 count service is available from 30 sites across the country.
- ✎ Viral load testing service is available from National Public Health Laboratory and is expanded to Seti Zonal Hospital in Kailali and Bir Hospital in Kathmandu.

Table 1: Facts on ART, as of July 2017

Indicators	Value
✎ Total PLHIV currently on ART (as of July 2017):	14,544
✎ Patients on the 1 st line regimen:	11,279
✎ Patients substituted on the 1 st line	2,944
✎ Patients switched on the 2 nd line	321

Figure 1: Outcomes of ART Program in Nepal, as of July 2017



Facts about ART Coverage

✎ Among total People Living with HIV infection who are currently on ART, of which,			
Proportion of Adults (15+ years):	91.7%	Proportion of Male:	7,419 (51.0%)
Proportion of Children (Under 14 years) :	8.3%	Proportion of Female:	7,073 (48.6%)
		Proportion of TG:	52 (0.4%)
✎ Percentage of people Living with HIV infection who are alive and currently on ART after			
12 months of treatment:	88%	24 months of treatment:	83%
(<15 yrs: 93%, 15+ yrs: 87%) (F=90%, M=78%, TG=78%)		36 months of treatment:	76%
✎ Percentage of adults and children receiving antiretroviral therapy among all estimated adults and children living with HIV (2016): 44.4%			

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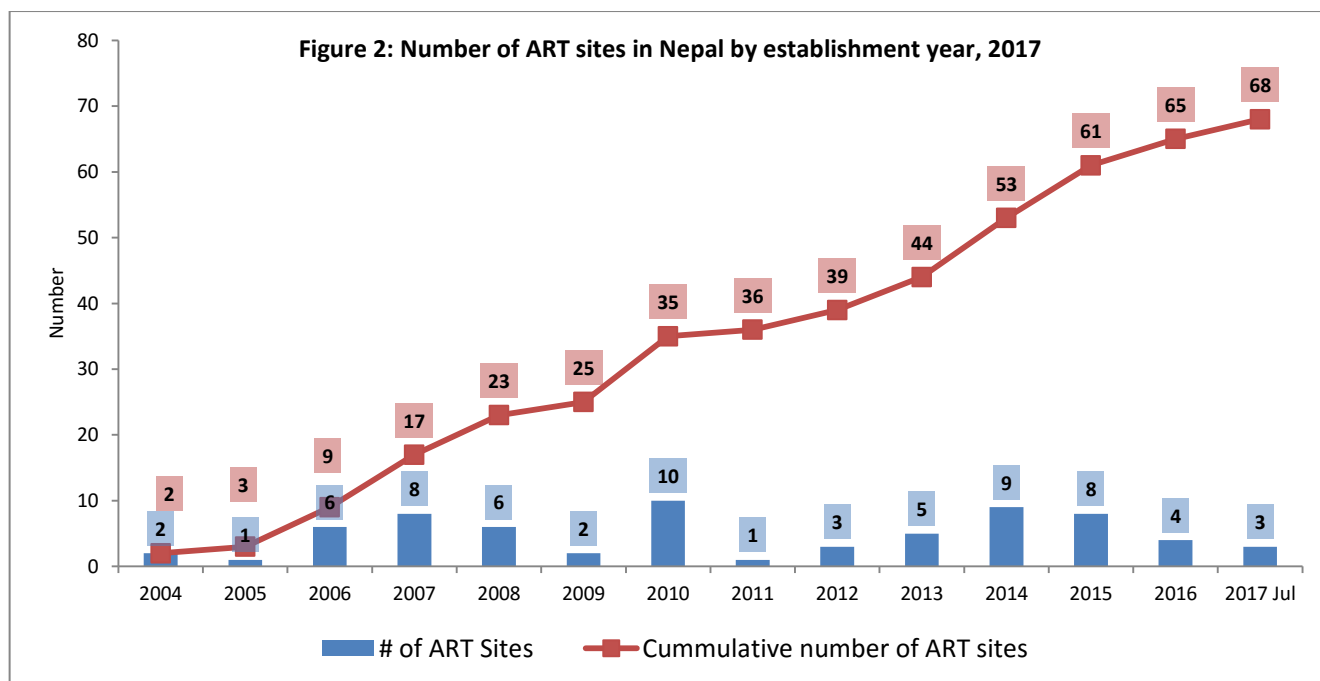
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Table 2: ART Profile of Nepal, as of July 2017

Indicators	2008 July	2009 July	2010 July	2011 July	2012 July	2013 July	2014 July	2015 July	2016 July	2017 July
PLHIV ever enrolled on ART (cumulative)	2,452	3,968	5,539	7,437	9,246	11,091	12,899	14,745	16,449	19,388
PLHIV with receiving ARVs (cumulative)	1,997	3,226	4,509	5,876	7,142	8,546	9,818	11,089	12,446	14,544
Lost to follow up (cumulative)	182	293	426	647	908	1,055	1,216	1,530	1,612	2,049
Stopped Treatment	5	18	11	12	11	27	30	31	31	25
Death (cumulative)	276	447	653	872	1,185	1,463	1,834	2,095	2,410	2,770

Source: NCASC, 2017



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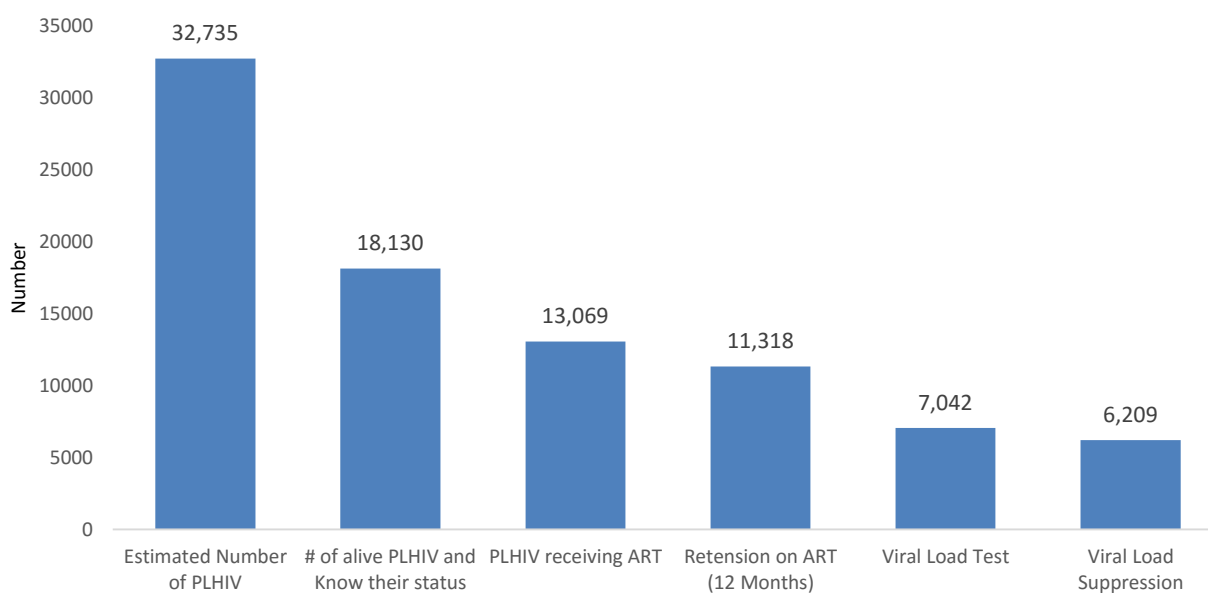
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Figure 3: Treatment Cascade as of December 2016



Viral Load:

- ✎ Viral load testing is recommended as the preferred approach to monitor ART response and diagnosing treatment failure.
- ✎ It compliments clinical and immunological monitoring of people receiving ART.
- ✎ The Viral load testing service is available at National Public Health Laboratory (NPHL), Seti Zonal Hospital and Bir Hospital.

Table 3: Facts on Viral load

	2014	2015	2016	2017 (Jan-July)
Total Sample tested for viral load	1,198	5860	7,042	6216
Number of PLHIV with viral load suppression (<1, 000 copies/ml)	1,004	5249	6,209	5578

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Community Care Centre (CCC) Service

- ✎ CCC is a short-term care home catering to the needs of PLHIV and serving as a link between the hospital and home/community.
- ✎ The key services include positive prevention, medical care, nutritional support, treatment literacy for adherence, care and support, and linkage to other social services.

Table 4: Facts on CCC (FY 2073/74)

	N
District Covered	42
Number of new PLHIV receiving services from CCC	4133
Number of Follow-up PLHIV receiving services from CCC	4660
Number of PLHIV received psycho-social counseling support	6500
Number of PLHIV received nutritional support	6410
Number of PLHIV referred for management of opportunistic infections	1932

Community and Home Based Care (CHBC)

- ✎ CHBC responds to the physical, social, emotional and spiritual needs of PLHIV and families from diagnosis to death and bereavement.
- ✎ National package of CHBC as per National Guidelines on CHBC and Standard Operating Procedures 2011 consists of care and support to PLHIV for adherence, nutritional education, hygiene and sanitation, family planning, referral, linking with social services, emotional/spiritual support and counseling, infection prevention, and end of life care.

Table 5: Facts on CHBC (FY 2072/73)

	N
District Covered	43
Number of PLHIV who received CHBC services	8669
Number of PLHIV referred for ART management	4210
Number of PLHIV referred for management of opportunistic infections	730

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Figure 4: Coverage of ART service, July 2017

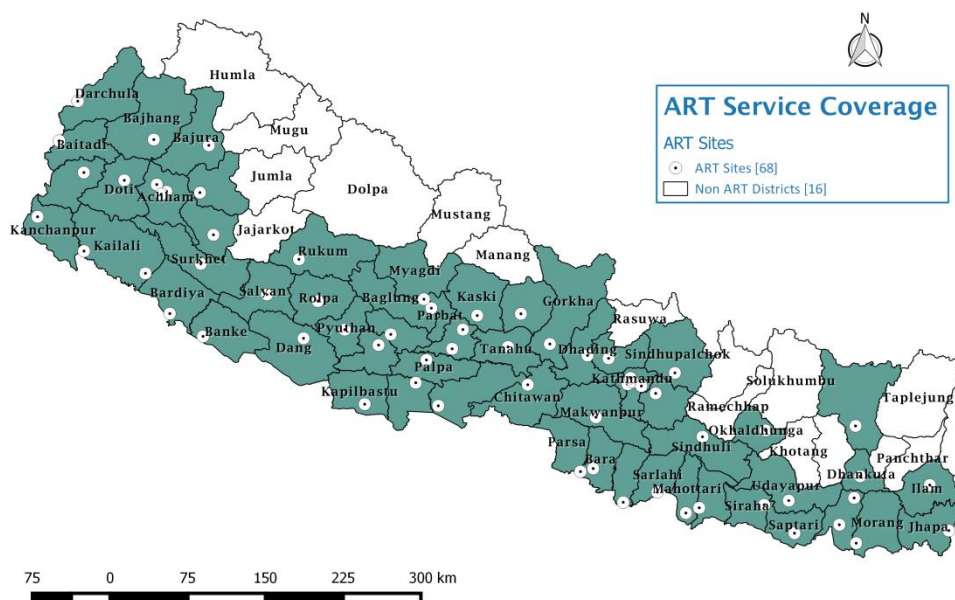
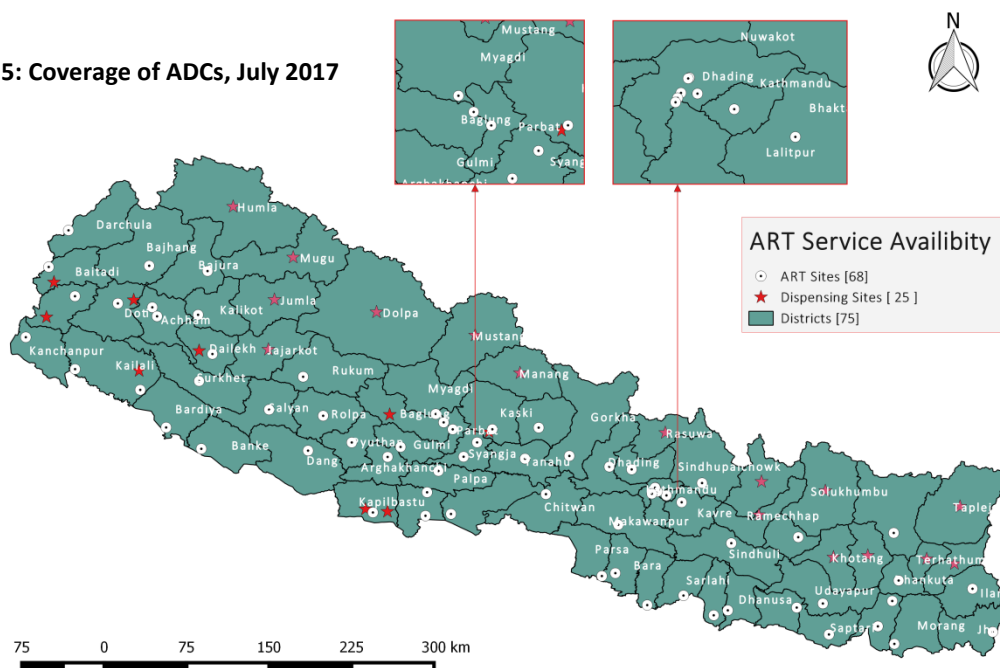


Figure 5: Coverage of ADCs, July 2017



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Factsheet 7: HIV Surveillance in Nepal, 2017

Nepal has been monitoring HIV and STI epidemic by collecting data from the following sources:

Case Reporting of HIV and STI

Routine case reporting of HIV and STI is done from HIV testing and counseling and PMTCT sites as well as other service sites. The routine reporting of HIV and STI from these sites is integrated in HMIS since 2014.

Integrated Biological and Behavioral Surveillance (IBBS) Survey

Nepal has been conducting HIV and STI surveillance particularly among key populations, namely: PWID, FSW and their clients, MSM/TG, and Male Labor Migrants for more than a decade mainly to track changes in HIV and STI prevalence along with behavioral components such as condom use etc. Hepatitis-B and C screening among PWID has been started in the IBBS surveys from 2015.

Monitoring of HIV Drug Resistance

Preparations for setting up a system for monitoring of HIV drug resistance for example, monitoring of Early Warning Indicators is underway. In this regards, guidelines on monitoring for HIV Drug Resistance Early Warning Indicators has been prepared in November 2013. First HIV drug resistance survey is completed in 2017 and the finding of the study is yet to be disseminated. For the survey, the survey blood samples were collected for Antiretroviral Drug Resistance Surveillance (ADR) and Pre-treatment Drug Resistance (PDR) Surveillance from 21 ART sites of Nepal. The aim of the survey is to assess the prevalence and patterns of both acquired as well as pretreatment drug resistance in the country.

Size estimation of Key Populations

National size estimation of key populations (FSW, PWID and MSM/TG) was started in 2010. The second round of size estimation of key population was conducted in 2016.

HIV Infection Estimations and Projections

Nepal updates HIV infection estimates annually using available biological and behavioural data, routine program data, key population size estimates and other relevant key information from different studies using Asian Epidemic Model (AEM) and EPP/Spectrum.

HIV Surveillance

NCASC is taking the lead in HIV surveillance activities in Nepal, in technical collaboration with WHO, UNAIDS, Save the Children/Global Fund and USAID/LINKAGES Nepal including the engagement of communities and people living with HIV.

Source: NCASC, 2017

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Figure 1: HIV Prevalence among Female Sex Worker

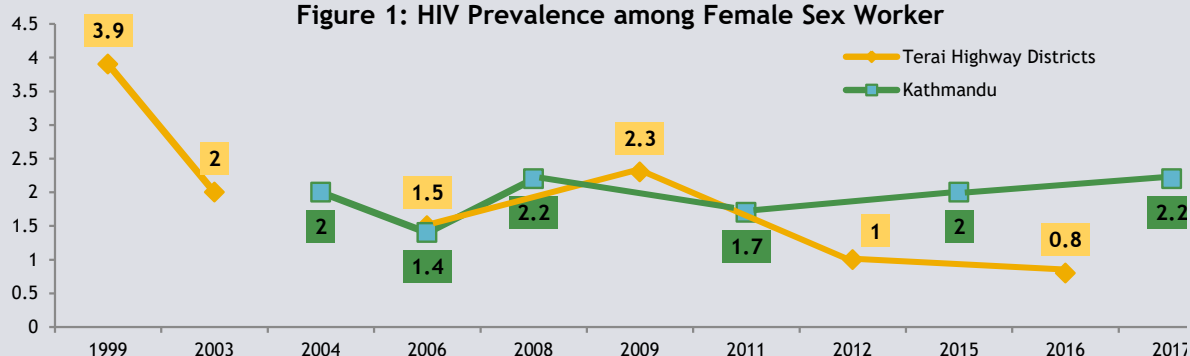
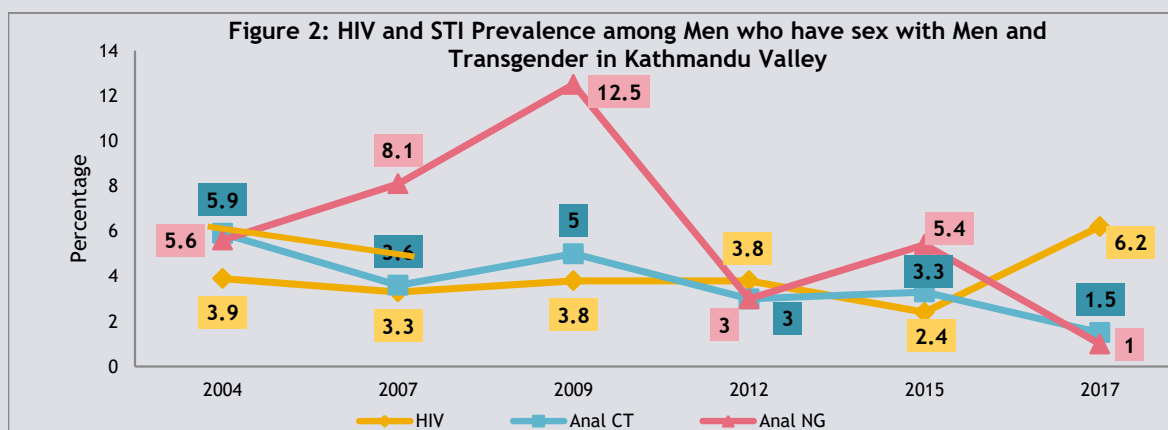


Figure 2: HIV and STI Prevalence among Men who have sex with Men and Transgender in Kathmandu Valley



Source: Integrated Bio-Behavioural Surveillance (IBBS) Survey

Note: The prevalence data of 2017 is based on self-reported gender whereas others on sexual orientation

Figure 3: HIV Prevalence among Truckers



Survey Population

HIV Prevalence

Survey Location

Female Injecting Drug Users

1.9

Pokhara Valley (2017)

MSM and TG

2.2

Pokhara Valley (2017)

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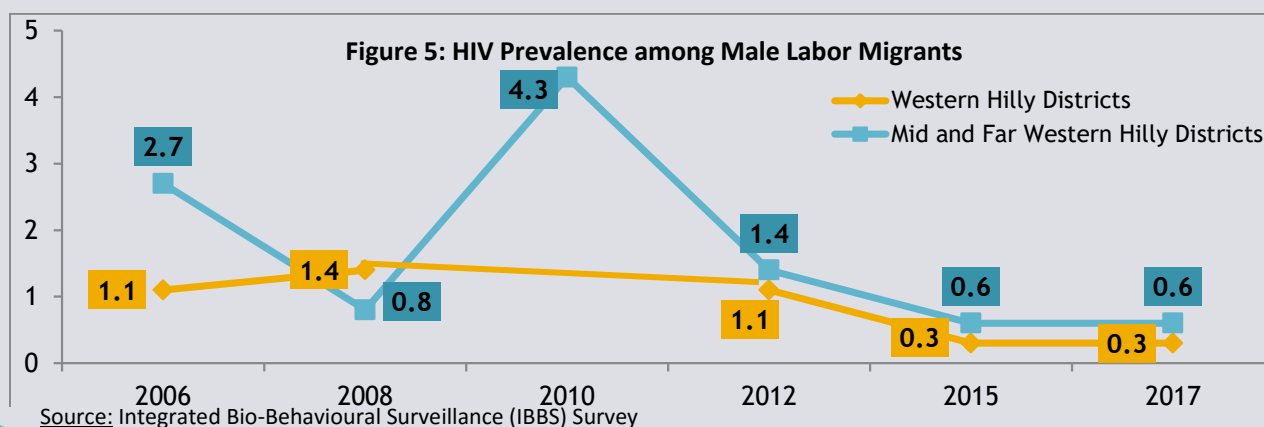
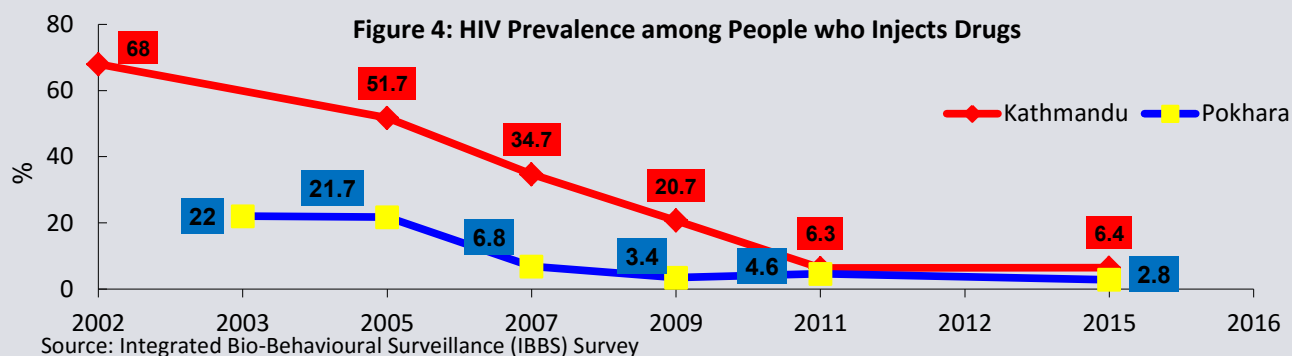


Table 2: Integrated Biological and Behavioral Surveillance (IBBS) Survey (1999 – 2017)

Key populations at higher risk	Survey areas	Rounds	Survey years
Female Sex Workers (FSW)	Kathmandu Valley	6	2004, 2006, 2008, 2011, 2015, 2017
	Pokhara Valley	5	2004, 2006, 2008, 2011, 2015
	16 Terai Highway Districts	6	1999, 2003, 2006, 2009, 2012, 2015
	6 Terai Highway Districts	5	2004, 2006, 2009, 2012, 2015
Male People who Inject Drugs (PWID)	Kathmandu Valley	7	2002, 2005, 2007, 2009, 2011, 2015, 2017
	Pokhara Valley	7	2003, 2005, 2007, 2009, 2011, 2015, 2017
	Eastern Terai Districts	7	2003, 2005, 2007, 2009, 2012, 2015, 2017
	West to Far West Terai Districts	6	2005, 2007, 2009, 2012, 2015, 2017
Female Injecting Drug Users (FIDUs)	Kathmandu Valley	1	2016
	Pokhara Valley	1	2017
Men who have Sex with Men (MSM) and Transgender (TG)	Kathmandu Valley	6	2004, 2007, 2009, 2012, 2015, 2017
	Terai Highway Districts	1	2016
	Pokhara Valley	1	2017
Male labor migrants	Western to Mid & Far Western Districts	6	2006, 2008, 2010 ^a , 2012, 2015, 2017
Wives of labor migrants	Far-Western region	2	2008, 2010 ^b

^a in 2010, IBBS among MLM was conducted in Mid and Far Western Clusters only; ^b discontinued from 2010

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Factsheet 8: Targeted Intervention among Key Population in Nepal, as of July 2017

People who Inject Drugs (PWID)

- ✚ Harm reduction program [Needle Syringe Exchange and Opioid Substitution Therapy (OST) Program] are key interventions among people who inject drugs in Nepal.
- ✚ Government of Nepal and Save the Children with support of Global Fund has been implementing Opioid Substitution Therapy program through 15 sites.

Table 1: Targeted Interventions-People Who Inject Drugs

Indicator	Achievement			
	FY 070/71	FY 071/72	FY 072/73	FY 073/74
Districts covered	23	23	28	13
Reached through BCC	6,570	13,478	31,144	15249
Condom distributed	610,557	606,171	786,504	12237
HIV tested and counseled	5,332	9,777	15,897	11478
STI diagnosed and treated	1,143	1,110	701	N/A
Needle/Syringe distributed	1,731,095	1,663,213	1,521,054	1,661,546
On Methadone till July 2017			819	909
On Buprenorphine till July 2017			528	145

Men who have Sex with Men (MSM) and Transgender (TG)

- ✚ The priority targeted prevention intervention among MSM and TG are behavior change interventions, including provision of condoms and lubricants, HIV testing and counseling, diagnosis and treatment of STIs and referral services.
- ✚ The interventions program has implemented with the support from Government of Nepal and its pooled fund partners and the Global Fund.

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Table 2: Targeted Intervention-Men who have Sex with Men and Transgender

	Achievement			
	FY 070/71	FY 071/72	FY 072/73	FY 073/74
Districts covered		31	22	21
Reached through BCC	34,427	40,230	50,584	73,138
Condom distributed	2,046,540	2,385,565	2,110,799	3,323,791
HIV tested and counseled	7,574	6,674	21,474	37,250
STI diagnosed and treated	5,426	1,909	365	398

Male Labor Migrants (MLM) and their Spouses

- ⚠ Male labor migrants (particularly to India) and their sexual partners are at risk for HIV.
- ⚠ The priority targeted prevention interventions among migrants and their spouse are behavior change interventions, including provision of condoms, HIV testing and counseling, diagnosis and treatment of STIs and referral services.
- ⚠ Government of Nepal and its Partner- Save the Children has implemented intervention through partner NGOs among migrants and their spouses.

Table 2: Targeted intervention-Male Labor Migrants and their Spouse

Indicator	Achievement			
	FY 070/71	FY 071/72	FY 072/73	FY 073/74
District Covered		38	38	8
Reached through BCC	285,623	119,863	247,696	89,255
Condom distributed	2,991,704	1,340,286	1,578,039	418,077
HIV tested and counseled	42,679	40,623	103,667	17,238
STI diagnosed and treated	21.757	11.793	8.270	-

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Female Sex Workers (FSW) and their Clients

- ❗ FSW are themselves at risk of HIV and STI transmission due to high number of sexual partners and sexual contacts some of which may be unsafe.
- ❗ The priority targeted prevention intervention among FSW and their clients are behavior change intervention, including provision of condoms, HIV testing and counseling, presumptive treatment of STI, diagnosis and treatment of STI and referral services.
- ❗ The Government of Nepal and USAID/LINKAGES Project have implemented program through partner NGOs among FSW and their clients.

Table 3: Targeted Intervention-Female Sex Workers and their Clients

Indicator	Achievement							
	FY 070/71		FY 071/72		FY 072/73		FY 073/74	
	FSW	Clients of FSW	FSW	Clients of FSW	FSW	Clients of FSW	FSW	Clients of FSW
Districts covered			29	25	25	25	16	16
Reached through BCC	30,416	77,002	33,138	88,706	32,599	88,706	41,134	90,717
Condom distributed	3,434,421	19,55,697	4,712,296	2,805,769	4,204,696	2,713,038	3,352,293	2,199,082
HIV tested and counseled	9,970	11,076	10,006	12,957	9,765	12,621	28,715	27,316
STI diagnosed and treated	10,037	595	10,104	627	9,847	626	10,761	793

Children Affected By AIDS (CABA)

- ❗ CABA program only targets HIV positive children under 18 years of age.
- ❗ CABA Program is implemented by Government of Nepal in collaboration with Save the Children in 45 districts.
- ❗ Under CABA Support, every HIV infected Child is provided with Nrs.1000 per month for their education, health, nutrition and livelihood support.
- ❗ As of July 2017, 1,324 (746 boys and 578 girls) HIV infected children have been supported with essential packages.

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Table 4: Targeted Intervention-Prison Inmates

Indicator	Achievement
	FY 073/74
Districts covered	5
Reached through BCC	2,921
HIV tested and Counseled	2,661
STI diagnosed and treated	154

Prison Inmates

- Prison Inmates are also at risk of HIV and STI transmission.
- The priority targeted prevention intervention among prison inmates are behavior change intervention, including provision of condoms, HIV testing and counseling, diagnosis and treatment of STIs.
- The interventions has implemented with the support of Pooled fund.

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